Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31**, **2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCI	E	2. DATE SUBMITTED 4/29/06		Applicant Iden	tifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application	. DATE DECEMED DV	CEDEDAL ACENCY	Federal Identif	loc
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	rederal identif	lei
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
BAY FOUNDATION OF MORE	O BAY		Department:		
Organizational DUNS: 047-662-767			Division:		
Address:					rson to be contacted on matters
Street: 601 EMBARCADERO			involving this applic	First Name:	a code)
SUITE 11			Mr.	Daniel	
City: MORRO BAY			Middle Name Edward		
County: SAN LUIS OBISPO			Last Name Berman		
State: CA	Zip Code 93442		Suffix:		
Country: USA			Email: dberman@mbnep.or	a	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
77-0215847	7		805-772-3834		805-772-4162
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
№ Ne f Revision, enter appropriate let See back of form for description	tter(s) in box(es)	on Revision	O - NOT FOR PROF Other (specify)	IT ORGANIZATI	ON
Other (specify)			9. NAME OF FEDER USEPA		·
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE T		
TITLE (Name of Program):		6 6-4 5 6	MORRO BAY NATION	NAL ESTUARY	PROGRAM: CCMP
NATIONAL ESTUARY PROGE 12. AREAS AFFECTED BY PR		os Statos etc.):	_	7	
County of San Luis Obispo; Cit					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
10/1/2006	9/30/2007		16 IS APPLICATION		PREVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	eori		ORDER 12372 PROC	CESS?	
a. Federal	C TOWN Proof	492,600	a. Yes. AVAILA	BLE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	WED	966,040 ·		SS FOR REVIEW	
c. State	6 2006	.00	DATE: 4	1/29/06	
d. Local MAY			b. No. 🖂 PROGRA	AM IS NOT COV	/ERED BY E. O. 12372
e. Other	ARING HOUSE	. 00	OR PRO		T BEEN SELECTED BY STATE
e. Other f. Program Income	The state in the state of the s	.00	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL		1,458,640 ·	Yes If "Yes" attac		
18. TO THE BEST OF MY KNO	AUTHORIZED BY TH	F, ALL DATA IN THIS AP E GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	ICATION ARE TO THE APPLICA	TRUE AND CORRECT. THE INT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS	AWARDED.			
Drofiv	First Name		Middle	e Name	

ATTACTICE ACCOUNTAGES IT		
 a. Authorized Representative 		
Prefix Ms.	First Name SHAUNNA	Middle Name
Last Name SULLIVAN		Suffix
b. Title VICE-PRESIDENT, BAY FOUNDATION OF MORRO BAY		c. Telephone Number (give area code) 805-528-3355
d. Signature of Authorized Repre		e. Date Signed 4-29-06

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FO			2. DATE SUBMITTED		Applicant Ident	Version 7/03
FEDERAL ASSIS	IANCE		May 8,		1	OCS-1
1. TYPE OF SUBMISS	ION:	Dro application	3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application		Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	er
☐ Construction Non-Construction		Construction				
5. APPLICANT INFOR		Non-Construction				
Legal Name:				Organizational Unit:		
The East I	ios A	ngeles Commu	inity Union	Department:		
Organizational DUNS:	0107	20597	The second secon	Division:		
Address:						son to be contacted on matters
Street: 5400 East	Oly	mpic Bouleva	ard	Prefix: Mr.	First Name:	Jose
City: Los Angel	Les	-		Middle Name		
County: Los An					alobos	
State: Californ	nia	Zip Code 90022	2	Suffix:		
Country: USA				Email: ivtela	cu@aol.	com
6. EMPLOYER IDENTI	FICATIO	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
95-2554	256			323-721-16	555	323-721-3560
8. TYPE OF APPLICA		<u> </u>		7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)
	🗓 New		n 🔲 Revision	Non-Profi	t Commur	nity Development
If Revision, enter approp (See back of form for de	priate lette escription	er(s) in box(es) of letters.)		Other (specify) Co	rporatio	on
Other (specify)					'ACF/OCS	
		OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI		
Community Economic Development Discretionary Grant Program 93-570		Expansion	of Tamay	o's Restaurant		
TITLE (Name of Progra	im): One	rational Proje	ct.	l '	52 Jobs	for Low Income
TITLE (Name of Program): Operational Project 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			People.			
Los Angeles County			HHS-2006-A	CF-OCS-E	EE-0019	
13. PROPOSED PROJ		Odirey		14. CONGRESSIONA	AL DISTRICTS O	OF:
Start Date:		Ending Date:		a. Applicant		b. Project
9/30/06 15. ESTIMATED FUND	NNO.	9/30/09		25,29,30	EUR IECT TO I	29 REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUND	JING:			ORDER 12372 PROC	FSS?	
a. Federal	\$	5.0	00,000	a. Yes. X THIS PRI	EAPPLICATION	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b. Applicant			0,000		S FOR REVIEW	
c. State	- 8		.00	DATE: M	lay 3, 20	006
d. Local	\$	AY 1 6 2006	. 00	D. NO. LL		ERED BY E. O. 12372
e. Other	\$			FOR REV	/IEW	F BEEN SELECTED BY STATE
	STATE	CLEARING HOUSE		17. IS THE APPLICA	NT DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL	\$		0,000	Yes If "Yes" attach	•	
DOCUMENT HAS BEE ATTACHED ASSURAN	N DULY .	WLEDGE AND BELIEF, AUTHORIZED BY THE (THE ASSISTANCE IS A)	GOVERNING BODY OF T	THE APPLICANT AND	THE APPLICAN	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Represer	ntative	First Name		Middle	Name	
Prefix Mr.		Jos	se	Suffix	TAUTIG	
	alob	os				
b. Title Senior V	7ice	President		c. Tele	phone Number (23 – 721 – 16	give area code) 5 5 5
Senior Vice President d. Signature of Authorized Bepresentative				e Signed		

APPLICATION FOR FEDERAL ASSISTANCE	,	2. DATE SUBMITTED		Applicant Ident	Version 7/03
1. TYPE OF SUBMISSION:		5-16-06 3. DATE RECEIVED BY	STATE	State Application	on Iden(ifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identifi	er
Construction	☐ Construction	7. DATE RECEIVED BY	I EDEIGHE MOEN	Cacrar ideritin	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		.,		
Legal Name:		ENFUT	Organizational	Unit:	
Rural Community Assistance Co	orporation R		Department: Housing and H	ealth Department	
Organizational DUNS; 093587368	YAM	1 6 5000	Division:		The state of the s
Address:		- JOHNE L			son to be contacted on matters
Street:	1	CLEARING HOUSE	Prefix:	application (give area First Name:	i code)
3120 Freeboard Drive, Suite 20	I STATE	J has been a second to the sec		June	
City: West Sacramento	The state of the s		Middle Name		
County: Yolo			Last Name Otow		
State: CA	Zip Code 95691		Suffix:		
Country: USA			Email:	•	
6. EMPLOYER IDENTIFICATIO	N NUMBER (FIN):		jotow@rcac.org		Fax Number (givo area code)
94-2512284	_		360/565-8456	(3.00 0.00 0.00)	360/565-8457
8. TYPE OF APPLICATION:	1		7. TYPE OF AF	PLICANT: (See back	of form for Application Types)
If Boyleian, onter appropriate let	V	n 🔲 Revision	O. Not for profit	organization	
If Revision, enter appropriate lett (See back of form for description	of letters.)	П	Other (specify)		
Other (specify)	LJ	Ц	9. NAME OF FI	EDERAL AGENCY: busing Service	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
		10-441	Housing Couns	seling TSA	
TITLE (Name of Program): USDA 525					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	-		
AK, AZ, CA, CO, HI, ID, MT, N	V, OR, UT, WA, WY				
13. PROPOSED PROJECT	JE 6 5 5 1			SIONAL DISTRICTS	
Start Date: 07-01-06	Ending Date: 06-30-08		a. Applicant CA-01		b. Project various rural districts
15. ESTIMATED FUNDING:	100.00.00		16. IS APPLIC		REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372		I/APPLICATION WAS MADE
		100,000	_]a. res. red AV	AILABLE TO THE ST.	ATE EXECUTIVE ORDER 12372
b. Applicant \$		0		ROCESS FOR REVIEW	VON
c. State \$		0 ,,,		TE: May 16, 2006	(CDED DVE 0 46676
d. Local \$		0 .	D. NO. U.I		/ERED BY E. O. 12372
e. Other \$		0 '	FC fc	R REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$		0 '	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		100,000	☐ Yes If "Yes"	" attach an explanation	n. 🛂 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF			
a. Authorized Representative				[A	
Prefix	First Name June			Middle Name	
Last Name Otow				Suffix	
Corporate Development Direction	b. Title Corporate Development Director			c. Telephone Number 360/565-8456	(give area code)
d. Signature of Authorized Repr	esentative	12.11		e, Date Signed	
	JUM V	(ru)		05-16-2006	Clariford Form (24 (Day 0.0002)

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for Federal Assis	stance SF-424			Version 02	
* 1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter	2), Barre Barre & Barre II Barre Barre		
Preapplication	֎ New		RECEIVED		
Application	○ Continuation • · · · · · · · · · · · · · · · · · ·	Other (Specify)	MAY 1 7 2006		
O Changed/Corrected Application	○ Revision	NACO-MICE AND ASSESSMENT ASSESSME			
*3. Date Received:	4. Applicant Identifier:		STATE CLEARING HOUSE		
		garages and the second			
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:		- Annagast	
State Use Only:			Control of the Contro		
6. Date Received by State:	7. State Application	ldentifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name:	NORA, CITY OF				
* b. Employer/Taxpayer Identification N		* c. Organizational DUNS:			
94-6000434		96 811	7465		
d. Address:					
*Street1: 100 S. G	reen Street				
Street2:					
*City: Sonora					
County: <u>Tuolumne</u>					
*State: Californ:	ia		-		
Province:	1				
A					
	Zip / Postal Code: 95370				
e. Organizational Unit:					
Department Name:	_	Division Name:			
Sonora Police					
f. Name and contact information of	person to be contacted on m	natters involving this applicati	on:		
Prefix:	* First Name	e: Mark			
Middle Name;					
*Last Name: Stinson					
Suffix:					
Title: Police	Lieutenant				
Organizational Affiliation:					
*Telephone Number: (209) 5.	32-8141	Fax Number: (2	09) 532-4845		
* Fmail:	mstinson@sonora	rod.com			

Tradition blumbar

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1:	
City or Township Government Type of Applicant 2:	
Type of Applicant 3:	
* Other (specify):	
10. Name of Federal Agency:	
U.S. Department of Justice Office of Community Oriented Poli	icing
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title: Program Announcement 16.710	
* 12. Funding Opportunity Number:	
*Title: COPS-OTHER-TECH-2006-1	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
The incorporated City of Sonora, CA.	
* 15. Descriptive Title of Applicant's Project:	
Sonora Police Electronic Enhancement Deployment	(SPEED)
Attach supporting documents as specified in agency instructions.	

Application for P	ederal Assistance SF-4	24		
16. Congressional Di	istricts Of:			
a. Applicant	CA-019		* b. Prog	ogram/Project:
Attach an additional lis	st of Program/Project Congress	ional Districts if neede		
17. Proposed Project				
* a. Start Date;	11-22-05		• b.	b. End Date: 11-21-08
18. Estimated Fundin	ng (\$):			
* a. Federal	\$148,084			The state of the s
* b. Applicant				
* c. State		_		•
* d. Local				
* e. Other		-		
* f. Program Income				
g. TOTAL	7			
c. Program is not on 20. Is the Applicant Yes 21. *By signing this a herein are true, comp ly with any resulting subject me to crimina	Delinquent on Any Federal D No application, I certify (1) to the piete and accurate to the best g terms if I accept an award. I al, civil, or administrative pen	statements contained of my knowledge. It am aware that any falalties. (U.S. Code, Tit	d in the list of certifulso provide the requise, fictitious, or fralle 218, Section 100	tifications** and (2) that the statements equired assurances** and agree to comfraudulent statements or claims may 001) contained in the announcement or agency
Authorized Represen	ntatíve:		<u></u>	Standard Form 424 (Revised 10/2 Prescribed by OMB Circular A
Prefix:		* First Name:	Mace	
Middle Name:				
Last Name:		McInto	ch	
Suffix:		<u> </u>		
* Title:	Chief of Police			
* Telephone Number:	(209) 532-8141		Fax Number:	(209) 532-4845
* Email:			4	
* Signature of Authoriz		osh@sonorap	O. COM * Date Signed	ed:
Signature of Authoriz	of representative	////////	Sale Digited	5-17-06

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Received Date: Time Zone: GMT-5

Version 02 Application for Federal Assistance SF-424 *Applicant Federal Debt Delinquency Explanation The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.







U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-03-0747
Budget Number:	1 - Budget Pending Approval
Project Information:	Rehab, RS & EAMF pre-FFY 06

Part 1: Recipient Information

Project Number:	CA-03-0747
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
'	
Facsimile:	(202) 244-7824



ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
828 W. Washington Blvd

View Print Page 2 01 13

City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	1625 Massachusetts Ave., NW
Address 2:	Suite 700
City:	Washington, DC 00000 0000
Contact Name:	Robert Clayman
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	rclayman@geclaw.com
Website:	

The state of the s	
Recipient ID:	5802
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION
Address 1:	1900 L Street NW
Address 2:	Suite 707
City:	Washington, DC 20036 0000
Contact Name:	Richard Edelman
Telephone:	(202) 898-1707
Facsimile:	(202) 429-8928
E-mail:	redelman@odsalaw.com
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Ave NW
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Contact Name: Telephone:	James Hoffa (202) 624-6800
Telephone:	(202) 624-6800

View Print Page 3 of 13

Recipient ID:	5802
Union Name:	SERVICE EMPLOYEES INTERNATIONAL UNION
Address 1:	1313 L Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	(216) 228-0937
E-mail:	
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	1125 15th Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Ray Cobb
Telephone:	(202) 833-7000
Facsimile:	(202) 728-6097
E-mail:	ray_cobb@ibew.org
Website:	

Recipient ID:	5802
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911

Facsimile:	(301) 330-7662
E-mail:	scardellettir@tcunion.org
Website:	

Recipient ID:	5802
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS
Address 1:	1370 Ontario Street
Address 2:	
City:	Cleveland, OH 44113 0000
Contact Name:	Don Hahs
Telephone:	(216) 241-2630
Facsimile:	(216) 241-6516
E-mail:	charvat@ble-t.org
Website:	

Recipient ID:	5802
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	520 S. Virgil Ave
Address 2:	Suite 208
City:	Los Angeles, CA 90020 0000
Contact Name:	Gordon Hubel
Telephone:	(213) 532-3730
Facsimile:	(213) 738-0857
E-mail:	ghubel@swcarpenters.org
Website:	

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Rivera
Telephone:	(562) 437-7411
Facsimile:	(562) 435-3886
E-mail:	new.iam@verizon.net
Website:	

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive #2

View Print Page 5 of 13

Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	John Stites
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstites@ppoa.com
Website:	

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleaveland, OH 44107
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Part 2: Project Information

Project Type:	Grant		
Project Number:	CA-03-0747		
Project Description:	Rehab, RS & EAMF pre-FFY 06		
Recipient Type:	Transit Authority		
FTA Project Mgr:	Ray Tellis		
Recipient Contact:	Joanna Capelle		
New/Amendment:	None Specified		

Gross Project Cost:	\$9,639,590
Adjustment Amt:	\$0
Total Eligible Cost:	\$9,639,590
Total FTA Amt:	\$7,711,672
Total State Amt:	\$0
Total Local Amt:	\$1,927,918
Other Federal	\$0

View Print Page 6 of 13

Amend Reason:	Initial Application		
Fed Dom Asst. #:	20500		
Sec. of Statute:	5309-3		
State Appl. ID:	None Specified		
Start/End Date:	-		
Recvd. By State:			
EO 12372 Rev:	YES		
Review Date:	May. 12, 2006		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2004		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Deling. Details:			

Amt:	
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA
60420	RIVERSIDESAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	22	William M Thomas
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis

Application for	Federal Assis	tance \$	SF-424					Ver	rsion 02
* 1. Type of Submiss	ission: * 2. Type of Application: *			* If F	* If Revision, select appropriate letter(s):				
Preapplication		✓ New	,						
✓ Application		Con	tinuation	* Ot	ther (Spec	ify)		RECEIVED	7
Changed/Correcte	ed Application	Revi	ision						ا ر
* 3. Date Received:		4. Appli	icant Identifier:					MAY 1 8 2006	
Completed by Grants.gov	upon submission.							STATE CLEARING HOL	ISF
5a. Federal Entity Ide	entifier:			*	5b. Fede	eral Award Identi	fier:	The second section of the section of	The second
State Use Only:									
6. Date Received by	State:		7. State Application	on Ide	entifier:				
8. APPLICANT INFO	ORMATION:		1						
* a. Legal Name: T	HE EAST LOS AN	GELES C	OINU YTINUMMO	N (TE	ELACU)				
* b. Employer/Taxpay	yer Identification N	umber (E	IN/TIN):	*	* c. Orgar	nizational DUNS	:		
95-2554256					01072059	7			
d. Address:									
* Street1:	5400 E.Olympic	Boulevard	d, Suite 300						
Street2:									
* City:	Los Angeles								
County:	Los Angeles								
* State:					С	A: California			
Province:									
* Country:				USA	: UNITED	STATES			
* Zip / Postal Code:	90022								
e. Organizational l	Jnit:								
Department Name:					Division N	ame:			
f. Name and contac	ct information of	person t	o be contacted on	mat	tters invo	olving this app	lication:		
Prefix:			* First Nar	me:	Tom				
Middle Name: Flore	encio								
* Last Name: Prov	vencio								
Suffix:									
Title: Authorized A	gent								
Organizational Affilia	ition:	***							
* Telephone Number	323.721.1655					Fax Number:	323.721.3560)	
* Email: tprovenci	o@telacu.com								

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 40 Name of Federal Agency	
* 10. Name of Federal Agency: US Department of Housing and Urban Development	
	,
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	
Section 202 Supportive Housing for the Elderly	
13. Competition Identification Number:	
S202-22	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Riverside, Riverside County, CA	
* 15. Descriptive Title of Applicant's Project:	
Supportive Housing for the Elderly	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistanc	e SF-424		Version 02	
16. Congressional Districts Of:					
* a. Applicant	34		* b. Program/Project	44	
Attach an additio	onal list of Program/Project (Congressional Districts if ne	eeded.		
		Add Attachment Delet	e Attachment View Attachment		
17. Proposed P	roject:				
* a. Start Date:	09/30/2006		* b. End Date:	09/30/2007	
18. Estimated F	unding (\$):				
* a. Federal		9,359,730.00			
* b. Applicant		0.00			
* c. State		0.00			
* d. Local		1,617,500.00			
* e. Other		0.00			
* f. Program Inc	ome	0.00			
* g. TOTAL		10,977,230.00			
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? ② a. This application was made available to the State under the Executive Order 12372 Process for review on ⑤ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ⑥ c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) ⑥ Yes ② No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ② ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.					
Authorized Rep	oresentative:				
Prefix:	Floresia	* First Name:	Tom		
Middle Name: Florencio					
* Last Name: Suffix:	Provencio				
* Title: Authorized Agent					
* Telephone Number: 323.721.1655 Fax Number: 323.721.3560					
* Email: tprovencio@telacu.com					
* Signature of Au	thorized Representative:	Completed by Grants.gov upon su	ubmission. * Date Signed: Complete	d by Grants.gov upon submission.	

olication for Federal Assistance SF-424	Version
plicant Federal Debt Delinquency Explanation	
following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum numb acters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	er of
	-

Application for	Federal Assis	tance \$	SF-424				Version	1 02
* 1. Type of Submiss	sion:	* 2. Typ	e of Application:	* If Revision, select	appropriate letter(s):			
Preapplication		✓ New	, [7	RECEIVED	
✓ Application		Con	tinuation	* Other (Specify)		_	THULLIVED	
Changed/Correct	ed Application	Revi	sion				MAY 1 8 2006	
* 3. Date Received:		4. Appli	cant Identifier:				STATE CLEARING HOUSE	E
Completed by Grants.gov	v upon submission.					-	THE PROPERTY OF THE PROPERTY O	
5a. Federal Entity Id	lentifier:			* 5b. Federal Av	vard Identifier:			
State Use Only:	,							
6. Date Received by	State:		7. State Application	n Identifier:				
8. APPLICANT INFO	ORMATION:							
* a. Legal Name: T	HE EAST LOS AN	GELES C	COMMUNITY UNION	(TELACU)				
* b. Employer/Taxpa	yer Identification N	umber (E	IN/TIN):	* c. Organization	nal DUNS:			
95-2554256				010720597				
d. Address:								
* Street1:	5400 E. Olympic	Boulevar	d, Suite 300			,		
Street2:								
* City:	Los Angeles							
County:	Los Angeles							
* State:				CA: Cal	ifornia			
Province:								
* Country:			l	JSA: UNITED STA	TES			
* Zip / Postal Code:	90022							
e. Organizational l	Unit:							
Department Name:				Division Name:				
f. Name and conta	ct information of	person t	o be contacted on	matters involving	this application:			
Prefix:			* First Nam	e: Tom				
Middle Name: Flore	encio							
* Last Name: Prov	vencio							
Suffix:								
Title: Authorized A	gent							
Organizational Affiliation:								
* Telephone Number	r: 323.721.1655			Fax	Number: 323.721.3560			
* Email: tprovenci	io@telacu.com							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	
Section 202 Supportive Housing for the Elderly	
13. Competition Identification Number:	
S202-22	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of San Bernardino, County of San Bernardino, CA	
* 15. Descriptive Title of Applicant's Project:	
Supportive Housing for the Elderly	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistan	ce SF-424		\	Version 02	
16. Congression	onal Districts Of:			Market 1 (1)		
* a. Applicant	34		* b. Program/Project	43		
Attach an additi	onal list of Program/Project	Congressional Districts if ne	eeded.			
		Add Attachment Delet	e Attachment View Attachment			
17. Proposed I	Project:					
* a. Start Date:	09/30/2006		* b. End Date:	09/30/2007		
18. Estimated	Funding (\$):					
* a. Federal		11,226,300.00				
* b. Applicant		0.00				
* c. State		0.00				
* d. Local		675,000.00				
* e. Other		0.00				
* f. Program Inc	come	0.00				
* g. TOTAL		11,901,300.00				
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? ② a. This application was made available to the State under the Executive Order 12372 Process for review on ⑤ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ③ c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) ③ Yes ③ No ② Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ② ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative:						
Prefix:		* First Name:	Tom			
Middle Name:	Florencio					
* Last Name:	Provencio					
Suffix:						
* Title: Authorized Agent						
* Telephone Nur	mber: 323.721.1655		Fax Number: 323.721.356	30		
* Email: tprov	vencio@telacu.com					
* Signature of A	uthorized Representative:	Completed by Grants.gov upon su	ubmission. * Date Signed: Complete	d by Grants.gov upon submission.		

Application for	Federal Assistand	ce SF-424						Version 02
	al Debt Delinquency E							
The following field s characters that can	hould contain an explan- be entered is 4,000. Try	ation if the Applican and avoid extra sp	t organization i	is delinquent o	on any Federa maximize the	al Debt. Maximur e availability of si	n number of pace.	
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OMB	Approval	No.	0348-0043	1
ntifie	r			
ion I	dentifier			
fier				
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ers ir	nvolving this	applic	ation (give	

APPLICATION FO)R			2. DATE SUBMITTED		Appli	cant Identifier
FEDERAL ASSIST	ANCI	${f E}$	4				
7. TYPE OF SUBMISSION: Application Construction Non-Construction		Preapplication Construction Non-Construction		3. DATE RECEIVED B	Y STATE	State	Application Identifier
Non-construction		in Non-Constituction		4. DATE RECEIVED B	Y FEDERAL	AGENCY Feder	al Identifier
5. APPLICANT INFORMA	TION						
Legal Name Los Angeles County M	etronolit	tan Transportation A	uthority	Organizational Unit:	and Polic	ov Analysis	
Address (give city, state, and z		am Transportation 7x	utilottiy	Programming and Policy Analysis Name and telephone number of the person to be contacted on matters involving this application (give			
	_			area code)			11
One Gateway		. 00012 2052		Nela De Casti	•0		
Los Angeles, C	amori	nia 90012-2952		(213) 922-6166			
		<u> </u>	FIVED				
6. EMPLOYER IDENTIFIC 9 5 - 4 4 0 1 9		NUMBER (EIN):	Parent I 4 Recent Bases	7. TYPE OF APPLICA	NT: (enter ap	propriate letter in bo.	x) N
8. TYPE OF APPLICATION		MAY	1 8 2006	A State H	Independent S	School Dist.	
X New Continuation Revision STATE CLEARING HOUSE			C Municipal J	State Control Private Univ Indian Tribe		gher Learning	
If Revision, enter appropriat	a lattar(c)	1		E Interstate L F Intermunicipal	Individual M. Profit Org	anization	
,	, ,			G Special District			
A Increase Award B D D Decrease Duration Ot	ecrease <i>A</i> her (<i>speci</i>		ration	State Chartere	d Trancit	District	
		,,,		9. NAME OF FEDERA		District	
				Federal Trans	sit Admin	istration	
10. CATALOG OF FEDERA	AL DOM	ESTIC 20 - 50	7	11. DESCRIPTIVE TIT	TLE OF APPI	LICANTS PROJEC	Т:
ASSISTANCE NUMBER TITLE 49 U.S.C. § 5307			CA-90-Y441 – Metro Orange Line Operating Assistance				
12. AREAS AFFECTED BY	PROJEC	CT (cities, counties, states	s, etc.)				
City and County of Lo	s Angel	es, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL	DISTRICTS OF				
Start Date		Ending Date	a. Applicant			b. Project	
10/28/05		06/30/08	25 through 39, 42, 46			Same as Ap	plicant
15. ESTIMATED FUNDING	3		16. IS APPLICATIO	N SUBJECT TO REVIE	W BY STATE	E EXECUTIVE ORI	DER 12372 PROCESS?
a Federal	\$	10,600,000.00		REAPPLICATION APPI 372 PROCESS FOR REV		'AS MADE AVAIL	ABLE TO THE STATE EXECUTIVE
			DATE03,	<u>/08/06</u>			
			b NO □ PRO	OGRAM IS NOT COVE	RED BY E O	12372	
I. A	Ф.	00	— □ ORI	PROGRAM HAS NOT B	EEN SELECT	FED BY STATE FO	R REVIEW
	<u>\$</u> \$.00 .00	_				
	\$	2,650,000.00					
e Other	\$.00					
f Program Income	\$.00	17. IS THE APPLIC	ANT DELINQUENT ON	ANY FEDEI	RAL DEBT?	
			☐ Yes If "Y	es" attach an explanation	⊠ N	0	
g TOTAL	\$	13,250,000.00					
18. TO THE BEST OF MY KNO	WLEDGE	AND BELIEF, ALL DATA	IN THIS APPLICATION P	REAPPLICATION ARE TRI	JE AND CORR	ECT. THE DOCUME	NT HAS BEEN DULY AUTHORIZED BY THE
GOVERNING BODY OF THE A							
a Typed Name of Authorized Representative					b Title Director		c Telephone number
Gladys Lowe					Regional Pro	ogram Management	(213) 922-2459
d. Signature of Authorized R	epresenta	ntive			e. Date Signo	ed 1 > - 02	
					L		

Application for F	ederal Assis	tance SF-424		Version 02
* 1, Type of Submission	on:	* 2. Type of Application:	* If Revision, select appropriate letter	(s):
Preapplication		✓ New		:
✓ Application		Continuation	* Other (Specify)	
Changed/Corrected	d Application	Revision		
* 3. Date Received;		4. Applicant Identifier:		
Completed by Grants.gov u	pon submission.			
5a. Federal Entity Iden	ntifier:		* 5b. Federal Award Identifier:	RECEIVED MAY 1 8 2006
				18 2006
State Use Only:				MAI
6. Date Received by 5	State:	7. State Application	on Identifier:	STATE CLEARING HOUSE
8. APPLICANT INFO	RMATION:			311.
* a. Legal Name; Cit	y of Pomona Poli	ice Department		
* b. Employer/Taxpay	er Identification N	Number (EIN/TIN):	* c. Organizational DUNS:	
956000764			152791182	
d. Address:				
* Street1:	490 W. Mission	Blvd.		
Street2:				
* City:	Pomona			
County:	Los Angeles			
* State:			CA: California	
Province:				
* Country:			USA: UNITED STATES	
* Zip / Postal Code:	91766			
e. Organizatîonal U	nit:			
Department Name:			Division Name:	
Police Department				
f. Name and contac	t information of	f person to be contacted o	n matters involving this applicati	on:
Prefix:		* First Na	1	
Middle Name:				
	lerheyden			· · · · · · · · · · · · · · · · · · ·
Suffix:				
Title: Administrative	e Services Manag	ger		
Organizational Affilia	tion:			· · · · · · · · · · · · · · · · · · ·
* Telephone Number	: (909) 620-233	9	Fax Number: (90	9) 620-2419
* Email: brad_van	derheyden@ci.pc	omona.ca.us		

C; City or Township Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Other (specify): 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domestic Assistance Number: CFDA Title: 12. Funding Opportunity Number: COPS OTHER-TECH 2086-1 *Title: COPS Chaw Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California *15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	Application for Federal Assistance SF-424	Version 02
Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Other (specify): 1.0. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domestic Assistance Number: CFDA Title: 12. Funding Opportunity Number: CCPS-COTHER/TECH-2006-1 Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomore, Los Angeles County, California 15. Descriptive Title of Applicant's Project: City of Pomore Public Safety Radio Communications System Upgrade Project Attach aupporting documents as specified in agency instructions.	9. Type of Applicant 1: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type: **Other (specify): **Other (specify): **10. Name of Federal Agency: Community Oriented Policing Services **11. Catalog of Federal Domestic Assistance Number: CCPA Title: **COPS_CTHER_TECH_2006-1 **Title: CCPS_SOTHER_TECH_2006-1 **Title: **COPS_Law Enforcement Technology **13. Competition Identification Number: Title: **14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pemona, Los Angeles County, California **15. Descriptive Title of Applicant's Project: City of Pemona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency Instructions.	C: City or Township Government	
**Other (apacity): **10. Name of Federal Agency: Community Oriented Policing Services **11. Catalog of Federal Domestic Assistance Number: CFDA Title: **12. Funding Opportunity Number: COPS_OTHER_TECH_2006-1 **Title: COPS_DES_OTHER_TECH_2006-1 **Title: COPS_Law Enforcement Technology 13. Competition Identification Number: Title: (City of Pomona, Los Angeles County, California **15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	Type of Applicant 2: Select Applicant Type:	1
**Other (apacity): **10. Name of Federal Agency: Community Oriented Policing Services **11. Catalog of Federal Domestic Assistance Number: CFDA Title: **12. Funding Opportunity Number: COPS_OTHER_TECH_2006-1 **Title: COPS_DES_OTHER_TECH_2006-1 **Title: COPS_Law Enforcement Technology 13. Competition Identification Number: Title: (City of Pomona, Los Angeles County, California **15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
* 19. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domestic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title: COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: ITITLE: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona. Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	Type of Applicant 3: Select Applicant Type:	
* 19. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domestic Assistance Number: CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title: COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: ITITLE: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona. Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safely Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	* Other (specify):	
Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safely Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		<u> </u>
11. Catalog of Federal Domestic Assistance Number: CFDA Title: *12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 *Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona. Los Angeles County, California *15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency Instructions.		
CFDA Title: * 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		A
* 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	11. Catalog of Federal Domestic Assistance Number:	
* 12. Funding Opportunity Number: COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	CFDA Title:	• •
COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		a continuent consistential
COPS-OTHER-TECH-2006-1 * Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	* 12. Funding Opportunity Number:	
13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona. Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona. Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	* Title:	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	COPS Law Enforcement Technology	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	13. Competition Identification Number:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	Title:	
City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
City of Pomona, Los Angeles County, California * 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	14 Areas Affected by Project (Cities Counties States etc.):	
* 15. Descriptive Title of Applicant's Project: City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.	1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	· · · · · · · · · · · · · · · · · · ·
City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		·
City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
City of Pomona Public Safety Radio Communications System Upgrade Project Attach supporting documents as specified in agency instructions.		
Attach supporting documents as specified in agency instructions.		
	City of Pomona Public Safety Radio Communications System Opgrade Project	
	Attach supporting documents as specified in agency instructions.	
	Add Attachments Delete Attachments Eview Attachments	

Application	for Federal Assista	nce SF-424		Version 02
16. Congression	onal Districts Of:			
* a. Applicant	CA-038		* b. Program/Project CA-038	
Attach an additi	ional list of Program/Projec	ct Congressional Districts if r	eeded.	
		Add Attachment	rte Attachment Maw Attachment	
17. Proposed I	Project:			
* a. Start Date:	01/10/2006		* b. End Date: ;09/30/2009	
18. Estimated	Funding (\$):	·		
* a, Federal		98,723.00		
* b. Applicant		0.00		
* c. State		0.00		
* d. Local		0.00		
* e. Other		0.00		
* f. Program in	come	0.00		
• g. TOTAL		98,723.00		
21. *By signing herein are true comply with a may subject n ** I AGREE	g this application, I certie, complete and accurating resulting terms if I acne to criminal, civil, or actifications and assurances	e to the best of my knowle cept an award. I am award dministrative penalties. (U	ntained in the list of certifications** and (2) that the state dge. I also provide the required assurances** and agree that any false, fictitious, or fraudulent statements or s.S. Code, Title 218, Section 1001)	e to claims
specific instruc				
Authorized Re	presentative:			
Prefix:		* First Name	James	
Middle Name:	M			MANAGE AT STATE OF THE PARTY OF
* Last Name:	Lewis			
Suffix:			The second second	
* Title: Chief	of Police			
* Telephone Nu	ımber: (909) 620-2141	AND THE RESERVE OF THE PARTY OF	Fax Number: (909) 620-2259	
* Email: jam	es_lewis@ci.pomona.ca.u	IS		
* Signature of A	Authorized Representative:	Completed by Grants.gov upon	submission. * Date Signed: Completed by Grants.gov upon submission.	mission.

OMB Number: 1103-0097 Expiration Date: 2/29/2008

* Applicant Legal Name:	ORI#:
	CA01955
City of Pomona Police Department	OAU1000

C. EQUIPMENT/TECHNOLOGY

No Equipment/Technology Requested

Instructions: List non-expendable items that are to be purchased. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than two years. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS/CONSULTANTS" category. If additional budget information is required to be entered for this category please complete the information in an electronic format and attach the document using the "Other Attachments" form found in the Pure Edge forms package.

Pursuant to the Science, State, Justice, Commerce, and related agencies Appropriations Act, 2006, P.L.109-108, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

* Computation

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

* Unit/Item Description	(# of Items/Units	X Unit Cost(\$))	Per Item Subtotal (\$)
(1) Mobile Radio for installtion in the Pomona Police Department's SWAT Incident Command Vehicle.	1	5,995.0	0 5,995.00
(2) Mobile Radios for installtion on (2) Pomona Police Department traffic enforcement motorcycles.	2	7,290.0	0 14,580.00
(15) Auxiliary Hand-Held Portable Radios			
	15	5,209.8	78,147.90
]
			· · · · ·
		EQUIPMENT TOTAL:	98,722.90
			Transfer to Budget Summary Line 3

OMB Number: 1103-0097 Expiration Date: 2/29/2008

pplicant Legal Name:		ORI #:
y of Pomona Police Department	1 Maria Maria 1 Maria Mari	CA01955
BUDG	ET SUMMARY	
structions: When you have completed the Budget Detail Worksheets, poject Amount, Total Federal Share Amount, and Total Local Share (if agare and local matching requirements for the grant for which you are app	oplicable). Please see the Application Gui	spaces below. Please compute the Total ide for information on the maximum feder
Budget Category	Category Total (\$)	Line #
A. Sworn Officer Positions		1
B. Civilian/Other Personnel		. 2
C. Equipment/Technology	98,722.9	3
D. Other Costs		4
E. Supplies		5
F. Travel/Training	20 Aug 1 - 10 Aug 1 - 10 Aug 1	6
G. Contracts/Consultants		! 7
H. Indirect Costs		8
Total Project Amount:	98,722.9	0
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)	74,042.1	7
Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)	24,680.7	3
Contact informa	ation for Budget Questions	
Please provide contact information of the financial official that the COP		ted to your budget submission.
Authorized Official's Typed Name:		
Prefix;		
* First Name:		
Middle Name:		
* Last Name:		
Suffix:		
* Title:		• 1. •1
• Phone:	* Fax:	
* E-mail Address:		
PAPERWORK REDUCTION ACT NOTICE The public reporting burden for this collection of information is estimated to be up to 2		

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0097 and the expiration date is 2/29/2008

Application for	Federal Assis	tance SF-424				Version 02		
▼ 1. Type of Submiss	sion:	* 2. Type of Application	n: •	If Revision, select appropriate letter(\$):			
Preapplication		✓ New	Γ					
Application		Continuation	•	Other (Specify)	ur s ens ruightendannama.			
Changed/Correcte	ed Application	Revision		the second secon				
* 3, Date Received:		4. Applicant Identifier:						
Completed by Grants.gov	upon submission.	A property of the second secon	echilemente NA Act e i	Advantages of 151 ft 15 15 Infrastruments minima and many many and many minima and many minima and	i			
5a. Federal Entity Ide	entifler:			* 5b. Federal Award Identifier:				
CA01916	- — податинения в на предостава на предоста	COLO I MELLE I INCOMENTALISMO IN INCOME						
State Use Only:					:			
6. Date Received by	State:	7. State Applic	cation	Identifier:				
8. APPLICANT INFO	ORMATION:				RECEIVED			
▼a. Legál Name: C	ovina Police Depar	tment			MAY 1 8 7006	. I Controller		
* b. Employer/Taxpa	yer Identification N	umber (EIN/TIN):		* c. Organizational DUNS:				
956000699) on the state of		627617152	STATE CLEARING HOUSE	}		
d. Address:	**************************************							
*Street1;	444 N. Citrus Ave			:				
Street2:	erfere om er er frankrite er eine Michigalie Sonnen	West Control of the C			The state of the s			
• City:	Covina							
County:	Los Angeles	115 1 110 11 10 10 10 10 10 10 10 10 10 10						
* State:				CA: California	man a wirst can the laterness when the same state of the same stat			
Province:	The state of the s	S & Committee of the Co						
* Country:			U	SA: UNITED STATES	THE CONTRACT OF THE CONTRACT O			
* Zip / Postal Code:	91723	Washan and a second a second and a second and a second and a second and a second an						
e. Organizational U	Init:							
Department Name:	****			Division Name;		1		
				personal recommendation to the state of the	1 Au 1 1 1 A A Anna Anna ann ann ann ann ann ann a			
f. Name and contac	t information of	person to be contacted	i on m	atters involving this application	1;			
Prefix:		* First	Name	: Mark	Parties and the substitute of			
Middle Name:	Let Mills a superior							
* Last Name: Cord	er	, , , , , , , , , , , , , , , , , , , ,				MANUAL PROPERTY OF A SECOND		
Suffix:								
Title: Police Lieuter	nant							
Organizational Affilia	ition:							
particular of the particular o	The Market Control of the Control of			The state of the s	And on their I see To Beauth Unithment would be accommon			
* Telephone Number	; (626) 858-4404			Fax Number: (626)	858 -44 01			
• Email: mcorder@	gci.covina.ca.us	1967 J. 7 Van - 10						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
	7
* Other (apecify):	
* 10. Name of Federal Agency:	
Community Orlented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
• Title:	
COPS Law Enforcement Technology	
13. Competition Identification Number:	
73, Competition Identification Number:	
Title:	
TING.	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Covina	
•	
* 15. Descriptive Title of Applicant's Project:	
Purchase of portable radios with interoperable communications capabilities	
. Statebay 4. Patriana Little Managara and Managara and Managara	
Attach supporting documents as specified in agency instructions.	
Attach supporting december to specifical in agency industrial.	¥

Application fo	r Federal Assi	stance SF-424	1						Version 02
16. Congressiona	I Districts Of:	•							
a. Applicant	CA-032				* b. Prog	ram/Project	CA-032	TO THE STATE OF	
Attach an additions	a) list of Program/P	roject Congressional Dis	tricts if nee	ded.					
(N. 114 M. 1993 M. 1	A CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF T	V ** ***			:, /	17			
17. Proposed Pro	oject:								
* a. Start Date: 0	7/01/2006				•	b, End Date:	06/30/2007	7	
18. Estimated Fu	nding (\$):								
* a. Federal		98,723.	.00						
* b. Applicant	(·	0.	.00						
" c. State	No. 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	.00						
⁴ d. Local		0.	.00						
e. Other		0.	.00						
1. Program Incom	ne	0.	.00						
* g. TOTAL		96,723	.00						
· · · · · ·	not covered by E.O.		1 "Yes". D	rovide ex	planation.)				
* 20. is the Applic	cant Delinquent O	n Any Federal Debt? (I	f "Yes" , pi	rovide ex	planation.)				1
Yes	✓ No	A MARINE MARINE			<u>,</u>				
herein are true, of comply with any may subject me	complete and acc resulting terms if to criminal, civil, of fications and assura	ertify (1) to the stateme urate to the best of my I accept an award. I ar or administrative penal ances, or an internet site	r knowled; n aware th itles. (U.S.	ge. I also nat any fa . Code, Ti	provide the ise, fictitious tie 218, Secti	required as s, or fraudul on 1001)	surances ent statemá	and agree to onts or claims	
Authorized Repr	esentative:								
Prefix:	۸r.	• Fir	st Name:	Paul	1 1 1 4 4 4 4		**************************************		point on , Managaria
Middle Name:	The state of the s	\(\text{\text{1.00}}\)						oq.	- · · · · · · · · · · · · · · · · · · ·
Last Name:	Philips	1101/2			w. 1 *****			All Allenders and Albertain an	
Suffix:							, years		
"Title: City Man	n age r			and the second second					
* Telephone Numi	ber: (626) 858-721	2	, , , , , , , , , , , , , , , , , , ,		Fax Number:	(626) 858-	7208	week W. P.	deployment to
*Email: pphilis	ps@ci.covina.ca.us	400,000	A africa	- Allen		ANATON V	, April and	want V ⁴¹	
* Signature of Aut	thorized Represent	Completed by Grants	.gav upon su	bmlsslon.	* Date Sign	ed; Complet	ed by Grants.g	ov upon aubmissio	n

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

APPLICATION FOR							Version 7/03
FEDERAL ASSISTANCE	=		2. DATE SUBMITTED May 18, 2006	D		Applicant Ident	
1. TYPE OF SUBMISSION: Application	Pre-application	n	3. DATE RECEIVED			State Application	
Construction	☐ Constructi		4. DATE RECEIVED	BY	FEDERAL AGENCY	Federal Identifi	er
Non-Construction	Non-Consti	ruction					
5. APPLICANT INFORMATION	1			- :	Organizational Unit		
Legal Name:					Department: March Joint Powers		
March Joint Powers Authority					Division:	Authority	
Organizational DUNS: 799839428		***************************************					son to be contacted on matters
Address:			FIVED	\vdash	involving this appli	cation (give area	a code)
Street: P.O. Box 7480	 		EIVED		Prefix: Ms.	First Name: Lori	
City: Moreno Valley		MAY	1 8 2006	1	Middle Name M.		
County: Riverside					Last Name Stone		
State: CA	Zip Code ST	ATE CI	EARING HOUSE		Suffix:		
Country: USA	X. common and a second				Email: stone@marchjpa.co	m	
6. EMPLOYER IDENTIFICATI	ON NUMBER (E	IN):			Phone Number (give	area code)	Fax Number (give area code)
33-057935	9				(909) 656-7000		(909) 653-5558
8. TYPE OF APPLICATION:					7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
₽ Ne		ntinuatio	on 🔲 Revision		С		
If Revision, enter appropriate le (See back of form for description	n of letters.)) 			Other (specify)		
Other (specify)		_			9. NAME OF FEDER Economic Developm	nent Administratio	on
10. CATALOG OF FEDERAL	DOMESTIC AS	SISTAN	CE NUMBER:				CANT'S PROJECT:
TITLE (M (D)			1 1-3 0 7]	Asbestos removal/d economic developm	isposal followed ent of former mil	by building demolition to enable itary base.
TITLE (Name of Program): 12. AREAS AFFECTED BY P	ROJECT (Cities	Countie	es. States, etc.):				
Cities of Moreno Valley, Perris							
13. PROPOSED PROJECT					14. CONGRESSION	IAL DISTRICTS	OF: Congressman Ken Calvert, 44
Start Date:	Ending Date	e:			a. Applicant March Joint Powers	Authority	b. Project Arnold Heights
15. ESTIMATED FUNDING:	<u> </u>	-			16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$		1,425,000		THIS P	REAPPLICATION	NAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	\$		158,334		1 AVAILA	SS FOR REVIE	W ON
c. State	\$					May 18, 2006	
d. Local	\$. 00		D. NO. 11.11		VERED BY E. O. 12372
e. ours	\$				[™] FOR RI	EV/IEW/	OT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT?
	\$						n=20
J	\$		1,583,334		Yes If "Yes" atta		
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED) BY TH	E GOVERNING BODY	OF	THE APPLICANT AN	IICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative					Midd	lle Name	
Prefix Mr.	First Name Phillip				A.		
Last Name Rizzo					Suffi c. Te	x elephone Numbe	r (give area code)
b. Title Executive Director			200	\supset	(909	9) 656-7000	y
d. Signature of Authorized Rep	presentative	Ź	lilio a. 1	نبعا	e. D May	ate Signed y 18,2006	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 5633270

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2, DATE SUBMIT	TED	Applicant Iden	tifier
1. TYPE OF SUBMISSION:	Pre-application	May 20, 2006 3. DATE RECEIV	ED BY STATE	State Applicat	ion Identifier
Application Construction	Construction	4. DATE RECEIV	ED BY FEDERAL AGI	ENCY Federal Identi	fier
Non-Construction	Non-Construction	·			
5. APPLICANT INFORMATION			Organization	al linit:	
Legal Name:			Department		
Las Rios Community Collège Di Organizational DUNS:	ISITICI		Business and Division:	Economic Developmen	nt Center
071553739	DEAL		1		
Address: Street:	RECE	IVED	Involving this	epnone number of pe application (give are	rson to be contacted on matters a code)
	MAY 1	2000	Prefix; Dr.	First Name: Trish	
1919 Spanos Court City:	MAI	3-2006	Middle Name		
Sácramento County:	STATE CLEAR		I ast Name		
Sacramento	STATE CLEARI	NG HOUSE	Last Name Caldwell		
State: California	Zip Code 95825-3981		Suffix:	W. C.	4
Country: USA			Email: caldwet@losi	rlos.edu	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			er (give area code)	Fax Number (give area code)
94-1576340		Þ	916.563.3251		918.563.3270
8. TYPE OF APPLICATION:			7. TYPE OF	APPLICANT: (See bad	k of form for Application Types)
If Revision, enter appropriate let		on 🥼 Revisio	n I. State Contr	olled institution of High	er Learning
(See back of form for description			Other (specify)	
Other (apecify)				FEDERAL AGENCY:	(RBS)
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		TIVE TITLE OF APPLI	, ,
TITLE (Name of Program):		10-77	A Cooperativ Rural Countie		velopment Project for California
12. AREAS AFFECTED BY PR	ROJECT (Cities, Countie	s, States, etc.):			
California 13. PROPOSED PROJECT			44 600000	SSIONAL DISTRICTS	OF.
Start Date:	Ending Date:		a. Applicant	SSIUNAL DISTRICTS	b. Project
November 1, 2006 15. ESTIMATED FUNDING:	October 31, 2006		5th	ATION OUR (FOT TO	Statewide REVIEW BY STATE EXECUTIVE
			ODDER 4657	BBBBBBBB	
a. Federal \$		224,986	a. Yes, IZ	HIS PREAPPLICATION VAILABLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$		51.039		ROCESS FOR REVIE	
c. State \$	_	uu		ATE: March 19, 2006	
d. Local \$	Same	as b		ROGRAM IS NOT COV	/ERED BY E. O. 12372
e. Other 5		U U	D, NQ. (1-)		OT BEEN SELECTED BY STATE
f. Program Income \$		61,250	1 E	OR REVIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		23,000			
		360,275		e" attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BOI	IIS APPLICATION/PRI DY OF THE APPLICA!	EAPPLICATION ARE THE APPLICATION AND THE APPLICATION A	TRUE AND CORRECT. THE
a. Authorized Representative Prefix Dr.	First Name Sandy			Middle Name	
Last Name Kirschenmann	sandy			Suffix	
b. Title				c. Telephone Number	(give area code)
Vice-Chancellor, Resource Dev d. Signature of Authorized Repre	Sentence			916.568.3075	40
Previous Edition Usable	Trucks	21 F-2-		e. Date Signed 5	18-04
Authorized for Lacal Reproduction					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for Federal	Assistance SF-424		Version 02				
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	***				
Preapplication	, √ New						
Application	Continuation	* Other (Specify)	RECEIVED				
Changed/Corrected Applicat	tion Revision						
* 3. Date Received:	4. Applicant Identifier:	,	MAY 1 8 2006				
Completed by Grants.gov upon submis	sion.		101165				
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	STATE CLEARING HOUSE				
State Use Only:							
6. Date Received by State:	7. State Applicat	ion Identifier:					
8. APPLICANT INFORMATION	N:						
* a. Legal Name: City of Pomo	ona Police Department						
* b. Employer/Taxpayer Identifi	cation Number (EIN/TIN):	* c. Organizational DUNS:					
956000764		152791182					
d. Address:			,				
* Street1: 490 W. N	Mission Blvd.						
Street2:	, W = = = = = = = = = = = = = = = = = =						
* City: Pomona	omona						
County: Los Ange	eles						
* State:		CA: California					
Province:							
* Country:		USA: UNITED STATES					
* Zip / Postal Code: 91766							
e. Organizational Unit:							
Department Name:		Division Name:					
Police Department							
f. Name and contact informa	ation of person to be contacted o	on matters involving this application:					
Prefix:	* First N	ame: Brad					
Middle Name:							
* Last Name: Vanderheyden							
Suffix:							
Title: Administrative Services	s Manager		,				
Organizational Affiliation:							
* Telephone Number: (909) 6	20-2339	Fax Number: (909) 620	0-2419				

p.3

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
	;
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
* Title:	
COPS Law Enforcement Technology	· 1
	•
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Pomona, Los Angeles County, California	
City of Foliation, 200 Angelod Country, Climania	
* 15. Descriptive Title of Applicant's Project:	
City of Pomona Public Safety Radio Communications System Upgrade Project	
	i
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application for Federal As	ssistance SF-424		Version 02
16. Congressional Districts Of:			-
* a. Applicant CA-038		* b. Program/Project CA-038	
Attach an additional list of Program	n/Project Congressional Districts if ne	eeded.	
	Add Attachment	te Atlachment View Atlachment	
17. Proposed Project:			
* a. Start Date: 01/10/2006		* b. End Date: ;09/30/2009	
18. Estimated Funding (\$):			
* a. Federal	98,723.00		
* b. Applicant	0.00		
* c. State	0.00		
* d. Local	0.00		
* e. Other	0.00		
* f. Program Income	0.00		
* g. TOTAL	98,723.00		
herein are true, complete and a comply with any resulting term may subject me to criminal, civ	iccurate to the best of my knowle is if I accept an award. I am aware ril, or administrative penalties. (U	ntained in the list of certifications** and (2) that the statements dge. I also provide the required assurances** and agree to a that any false, fictitious, or fraudulent statements or claims .S. Code, Title 218, Section 1001)	
** The list of certifications and ass specific instructions.	surances, or an internet site where yo	ou may obtain this list, is contained in the announcement or agency	
Authorized Representative:			
Prefix:	* First Name	James	1.
Middle Name: M			***************************************
* Last Name: Lewis			i
Suffix:			
* Title: Chief of Police			
* Telephone Number: (909) 620-	2141	Fax Number: (909) 620-2259	
* Email: james_lewis@ci.pomo	ona.ca.us		
	A	submission. Date Signed: Completed by Grants.gov upon submission.	,

APPLICATION FOR			2. DATE SUBMITTIAL	Applicant Identifier DUNS - 009581646	
FEDERAL AS	SISTANCE		August 18, 2005		
1. TYPE OF SUBMISSION	ľ		3. DATE RECEIVED BY STATE	State Application Identifier A009059-04-0	
Application Construction		Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Non-Construction		□ Non-Construction			
5. APPLICANT INFORMA			O Di O La Air Dalli	ution Control District	
Legal Name: San Diego	County Air Pollu	ion Control District	Organizational Unit: San Diego County Air Polls		
Address (give city, county, state, and zip code): 9150 Chesapeake Drive			Name and telephone number of the person to be contacted an matters involving this application (give area code) Administrative Contact: Patricia Sally - Tel. No. (858) 650-4506		
San Diego, Ca. 92123-1	096	DECEIVED	Principal Investigator: Mahmood Hossain -	Tel. No. (858) 650-4650	
6, EMPLOYER DENTIF	CATION (EIN): <u>8 8 4 1 5</u>	MAY 1 8 2006	7. TYPE OF APPLICANT: (enter appropriat A State B. County I, St.	e letter here) <u>G</u> ndependent School District ute Controlled Institution of Higher	
N. TYPE OF APPLICATION: 9. EXI New Continuation Revision If Revision, enter appropriate letter(s) in hox(us): A. Increase Duration C. Increase Duration Other Specify:			Learning C. Municipal J. Private University D. Township K. Indian Tribe B. Internation L. Individual F. Internation M. Profit Organization G. Special Dietrict N. Other (Specify):		
			9. NAME OF FEDBRAL AGENCY: US Environme	nual Protection Agency	
10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6-0 3 4 TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJE San Diego County Air Pollution Control Air Local-Scale Air Toxics I	r Toxics Monitoring Program-	
12. AREAS AFFECTED County of Sun Dicgo		nunties, states, etc.): 14. CONGRESSIONAL DISTRICT OF:			
13. PROPOSED PROJEC				h. Project	
Start Date	End Date	a. Applicant:		41,42, & 43 (Countywide)	
10-01-2005	10-01-2007	41, 42, & 43	16. IS APPLICATION SUBJECT TO REVI	W 11Y STATE EXECUTIVE ORDER	
15. Estimated Funding:		1	12372 PROCESS?		
n. Federal		\$ 457,000 \$ 471,620	n. YES. THIS PREAFPLICATION/APPLI TO THE STATE EXECUTIVE ORDER ON:	CATION WAS MADE AVAILABLE 12372 PROCESSES FOR REVIEW	
b. Applicant		\$ 471,020	DATE		
		3	b. NO.	r o 12272	
d, Local		3	☐ PROGRAM IS NOT COVERED BY ☐ OR PROGRAM HAS NOT BEEN SE	LECTED BY STATE FOR REVIEW	
f. Program Income		\$	17. IS THE APPLICANT DELINQUENT ON ANY	FEDERAL DEBTY	
g. TOTAL		\$ 928,620	Yes If "Yes" artish in explanation.	X No	
DULY AUT	ST OF MY KNOWLE HORIZED BY THE G CE IS AWARDED.	OCH AND DELLER ALL DAVIS IN THE ADI	PLICATION/PREAPPLICATION ARE TRUE AND CORF ID THE APPLICANT WILL COMPLY WITH THE ATTA	LECT, THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE	
a, Typed Nume of Author		RICHARI) J. SMITH	6. Title: Director	c. Telephone Number (858) 650-4503	
d. Signature of Authoriz	ed Representative	Richard A.	Smith	c. Date Signed Dugust 17, 2005 Stundard Form 424A (REV 4-88) Prescribed by OMR Circular A-10	
Caliba -			RECEIV	Prescribed by OMR Circular A-10	
Clearmal	115-C •	AUTHORIZED FOR	1.9.	∑#aa	
California Cleaninghi 916.323	3018		GMO, F	NMD-1	

OMB Approval No. 0348-0043

ant: (enter appropriate the Lands L. India L. India M. Propriate N. Other al Agency:	oriate letter)A ependent School District Institute of Higher Learning ate University ian Tribe ividual offt Organization aer (specify)		
it; Quality ne of person to be lication (give area ant: (enter approp H. Inde I. State J. Prive K. Indi L. Indi M. Pro et N. Oth al Agency; S. Environmental	e contacted on matters a code): priate letter)A expendent School District e Institute of Higher Learning ate University ian Tribe ividual offt Organization are (specify)		
it; Quality ne of person to be lication (give area ant: (enter approp H. Inde I. State J. Prive K. Indi L. Indi M. Pro et N. Oth al Agency; S. Environmental	e contacted on matters a code): priate letter)A expendent School District e Institute of Higher Learning ate University ian Tribe ividual offt Organization are (specify)		
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ant: (enter appropriate the Lands L. India L. India M. Propriate N. Other al Agency:	priate letter)A ependent School District Institute of Higher Learning ate University ian Tribe ividual offt Organization aer (specify)		
ant: (enter appropriate the Lands L. India L. India M. Propriate N. Other al Agency:	priate letter)A ependent School District Institute of Higher Learning ate University ian Tribe ividual offt Organization aer (specify)		
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I. State J. Prive K. Indi L. Indi M. Pro t N. Oth al Agency:	: Institute of Higher Learning ate University ian Tribe ividual offt Organization ter (specify)		
J. Prive K. Indi L. Indi M. Pro n N. Oth al Agency:	ate University ian Tribe ividual offt Organization aer (specify)		
K. Indi L. Indi M. Pro n N. Oth al Agency:	ian Tribe ividual offt Organization er (specify)		
L. Indi M. Pro n. N. Oth al Agency: b. Environmental	ividual offit Organization her (specify)		
al Agency:	er (specify)		
al Agency:	er (specify)		
al Agency: S. Environmental			
S. Environmental	Dratection Agency		
S. Environmental	Protection Agency		
	1 Intection regency		
11. Descriptive Title of Applicant's Project:			
ordinato activitiv	s and projects under the		
Section 319(h) fo	or funding nonpoint struct		
ects	or funding nonport ECEI		
	MAY 1 9		
l District of:			
Project	STATE CLEARIN		
tion subject to rev	view by the State		
EO) 12372 proce			
This applicati	ion/preapplication was made		
lable to the State	EQ 12372 process for		
ew on:			
Date: 1	May 19, 2006		
Program is no	ot covered by EO # 12372		
	not been selected by the		
nt definduent on the	XNO		
	l District of: Project Califor tion subject to re EO) 12372 proce This applicate ilable to the State ew on: Date: Program is no Program has state for revient delinquent on		

PAGE 01 05/22/2006 06:50 619-463-2799 TED REIFF

					Version 7/03	
PPLICATION FOR		2. DATE SUBMITTED		Applicant Identifi		
EDERAL ASSISTANC	E	3. DATE RECEIVED BY STATE		State Application Identifier		
TYPE OF SUBMISSION: oplication	Pre-application Gonstruction	4. DATE RECEIVED BY		Federal Identifie	CEIVED	
Construction	Non-Construction			L		
Non-Construction APPLICANT INFORMATIO	Ti .		Organizational Unit:	M	[AY_ 2 2 2006 - + -	
APPLICANT INFORMATION GAI Name: Religion Religion (Contraction Contraction Con	LR OF AMERIC	eA, INC	Department:			
			Division:	STATE	CLEARING HOUSE	
rganizational DUNS: 13	2764685		Name and telephon involving this appli	e number of per	sen to be contacted on metters	
ddress:		47	Prefix:	First Name:	TED	
treet: 9135 SAN LA	ANDRO 57167	~ /		URT15		
IN. OAKEAND				ELF F		
county: ALAMA	DA	· · · · · · · · · · · · · · · · · · ·	Suffix:	211		
itate: CA	Zip Code 944	03			W- DEDHE ORC	
S-1			TIBDREFF	(a) perce	Fax Number (give area code)	
EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Number (glve)	- 1982	514383-1963	
RE-EXSEP			T TYPE OF APPL	CANT: (See bed	k of form for Application Types)	
B. TYPE OF APPLICATION	ii	tion Revision		" O"		
f Revision, enter appropriate See back of form for descrip	New Continua loner(s) in box(es)	gion i Revision	Other (specify)	don prop	RIT	
	Mon of latters.)		B. NAME OF FEDI	FRAL AGENCY:		
Other (specify) 10_ CATALOG OF FEDER			U.S.	IEPA	ICANT'S PROJECT:	
TITLE (Name of Program): CONSTITUTE 12. AREAS AFFECTED BY LOSAN GELTS	Y PROJECT (Chies, Could be AN CALLS	nties, States, etc.):	MATTE		ICANT'S PROJECT: BUILDING BEUSE FACILI	
13. PROPOSED PROJEC	T		14. CONGRESSIO	DNAL DISTRICTS		
Stan Date: 10/1/02 15. ESTIMATED FUNDING		99	a. Applicant CA 16. IS APPLICAT	97H	b. Project CA 35 7 O REVIEW BY STATE EXECUT	
a. Federal	\$		ORDER 12372 PR	OCESS?	ON/APPLICATION WAS MADE	
b. Applicant	\$	0,000		ABLE TO THE S	THE EXECUTIVE OF LETT 120	
c. State	\$ -	0,000	DATE	1/10	1	
d. Local	<u> </u>	0,000	DBO	, ,	OVERED BY E. O. 12372	
a. Other	\$				OT BEEN SELECTED BY STATI	
f. Program Income	\$	0,000	i FOR I	REVIEW	ENT ON ANY FEDERAL DEBTY	
g. TOTAL	ļ.,					
.,	\$ 700	2.10002	TVOO K WALL -H			
18. TO THE BEST OF MY DOCUMENT HAS BEEN DI ATTACHED ASSURANCES	KNOWLEDGE AND BEL ULY AUTHORIZED BY T B IF THE ASSISTANCE I	DOCO THE SOUTH STATE OF THE GOVERNING BODY S AWARDED	Yes If "Yes" att APPLICATION/PREAPI OF THE APPLICANT A			
18. TO THE BEST OF MY DOCUMENT HAS BEEN DO ATTACHED ASSURANCES 8. Authorized Representative	KNOWLEDGE AND BEL ULY AUTHORIZED BY T B IF THE ASSISTANCE I	IEF, ALL DATA IN THIS	APPLICATION/PREAPI OF THE APPLICANT A	PLICATION ARE NO THE APPLIC		
18. TO THE BEST OF MY DOCUMENT HAS BEEN DIATTACHED ASSURANCES A Authorized Representative Prefix	KNOWLEDGE AND BEL ULY AUTHORIZED BY T B IF THE ASSISTANCE I	IEF, ALL DATA IN THIS	APPLICATION/PREAPI OF THE APPLICANT A	PLICATION ARE ND THE APPLIC die Name		
18. TO THE BEST OF MY DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix Leat Name	KNOWLEDGE AND BEL ULY AUTHORIZED BY T B IF THE ASSISTANCE I	IEF, ALL DATA IN THIS	APPLICATION/PREAP OF THE APPLICANT A Mid	PLICATION ARE ND THE APPLIC dle Name	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
18. TO THE BEST OF MY DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix Leat Name	KNOWLEDGE AND BEL ULY AUTHORIZED BY T B IF THE ASSISTANCE I P First Name P P P P P P P P P	IEF, ALL DATA IN THIS	APPLICATION/PREAP OF THE APPLICANT A Mid Suf	PLICATION ARE NO THE APPLICATION ARE NO THE APPLICATION AND THE NAME OF THE PROPERTY OF THE PR	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
18. TO THE BEST OF MY DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix Leat Name	KNOWLEDGE AND BEL ULY AUTHORIZED BY T B IF THE ASSISTANCE I P First Name P P P P P P P P P	IEF, ALL DATA IN THIS	APPLICATION/PREAP OF THE APPLICANT A Mid Suf	PLICATION ARE ND THE APPLIC die Name	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	

Application for Federal Assistance SF-424 Version						02	
* 1. Type of Submiss Preapplication Application Changed/Correct		✓ Nev	pe of Application: v ntinuation vision		f Revision, select appropriate letter(s): Other (Specify)		
* 3. Date Received:		4. App	licant Identifier:				
Completed by Grants.gov	upon submission.						
5a. Federal Entity Ide	entifier:		A STATE OF A STATE OF A A STATE OF A A A STATE OF A STATE OF A	,	* 5b. Federal Award Identifier:		
						RECEIVED	
State Use Only:						R Renoun Series Baseries II	
6. Date Received by	State:		7. State Applicatio	n Id	lentifier:	MAY 2 2 2006	
8. APPLICANT INFO	ORMATION:					STATE CLEARING HOUSE	
* a. Legal Name: E	den Housing, Inc.					and planting the second	
* b. Employer/Taxpa	yer Identification N	umber (I	EIN/TIN):	T	* c. Organizational DUNS:		
23-1716750					058211947		
d. Address:							
* Street1:	409 Jackson Stre	et		. Ingra-rea			
Street2:							
* City:	Hayward						
County:	Alameda						
* State:					CA: California		
Province:				LIC/	A: UNITED STATES		
* Country: * Zip / Postal Code:	94544			037	A. UNITED STATES		
e. Organizational l							
	Jiiit.				Division Name:		
Department Name:				7	DIVISION Name.		
f. Name and contac	ct information of	person	to be contacted on	ma	atters involving this application:		
Prefix: Mr.			* First Nan		Woody		
Middle Name:							_/
* Last Name: Karp					anguard		
Suffix:							
Title: project develo	oper						
Organizational Affilia	tion:						<u>Liquidos narran</u>
* Telephone Number	510 582 1460		The state of the s		Fax Number: 510 582 65	23	
* Email: wkarp@edenhousing.org							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
·	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5030-N-22	
* Title:	
Section 202 Supportive Housing for the Elderly	
13. Competition Identification Number:	
S202-22	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Hayward, County of Alameda, CA	
* 15. Descriptive Title of Applicant's Project:	
Hayward Senior Housing	
60 units of affordable senior apartments (59 senior apartments and 1 manager unit)	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assista	nce SF-424				Version 02
16. Congressio	nal Districts Of:					
* a. Applicant	13		* b.	Program/Project	13	
Attach an additi	onal list of Program/Projec	t Congressional Districts if	needed.			
		Add Attachment Del	ete Attachment View	Attachment		
17. Proposed F	Project:					
* a. Start Date:	05/15/2008			* b. End Date	: 06/15/2009	
18. Estimated I	Funding (\$):					
* a. Federal		7,243,324.00				
* b. Applicant		818,000.00				
* c. State		0.00				
* d. Local	Annual section and a second and a second as a second a	0.00				
* e. Other		5,820,000.00				
* f. Program Inc	come	0.00				
* g. TOTAL	Assistantial and the second se	13,881,324.00				
 ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/02/2006 . ☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ☑ c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) ☑ Yes ☑ No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ☑ **I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 						
Authorized Representative: August						
Prefix:	Ms.	* First Name	: Linda			
Middle Name:						
* Last Name:	Mandolini					
Suffix:						
* Title: Execu	ıtive Director					
* Telephone Nu	mber: 510 582 1460		Fax Num	per: 510 582 65	523	
* Email: Imai	ndolini@edenhousing.org					
* Signature of A	uthorized Representative:	Completed by Grants.gov upon	submission. * Date \$	Signed: Complet	ed by Grants.gov upon su	bmission.

600.106 Form SF-424, lication for Federal Assistance

OMB Approval No. 0348-0043

			2. DATE SUBMITTED		Applicant Identifier	
			May 16	, 2006	Pending	
1. TYPE OF SUBMISSI Application		Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier N/A	
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction		■ Non-Construction			N/A	
5. APPLICANT INFORI Legal Name:	MATION			0		
Calistoga Affordable H				Organizational Unit: California Non-profit (
Address (give city, cour	nty, State,	and zip code):			number of person to be contacted on matters involvin	
1332 Lincoln Ave. Calistoga, CA 94515				this application (give a Erica Roetman Sklar	•	
6. EMPLOYER IDENTII	FICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
6 8 - 0 4	7 2	5 5 6		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:				B. County	State Controlled Institution of Higher Learning	
	× New	Continuation	Revision	C. Municipal	J. Private University	
		<u> </u>		D. Township	K. Indian Tribe	
If Revision, enter approp	priate lette	r(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award	R Decr	ease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non PROFIT	
D. Decrease Duration			Duration	G. Special District	N. Outer (Specify) NON FICEFIT	
		,,,		9. NAME OF FEDERA	AL AGENCY:	
	*			USDA/RHS		
					Na Carlos de Car	
10. CATALOG OF FED	ERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
				j .	B unit Rental Complex for Affordable Housing. (See	
	•	· <u>L</u>		attached Concept Pla	an)	
	Applicable		·			
1	BY PRO	JECT (Cities, Counties, Stat	les, etc.):			
City of Calistoga			*		•	
13. PROPOSED PROJ	ECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date Ending	Date	a. Applicant		b. Project		
1	/01/06	District 1		District 1		
15. ESTIMATED FUND	ING:				SUBJECT TO REVIEW BY STATE EXECUTIVE	
- F-J1			00	ORDER 12372 PR	OCESS?	
a. Federal	ł	\$	933,000	- VEC THE DDEA	DDI ICATION/ADDI ICATION WAS MADE	
b. Applicant		\$	00		NPPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372	
э. т фриосии	į	Ψ	•		FOR REVIEW ON:	
c. State	REC	FIVED	.00	DATE	May 16, 2006	
d. Local	11	\$.00	- DAIL	The same that the same of the same and the s	
	24 /	2 2 2006	280,000	b. No. PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	INITAL	\$ 2 2	.00	OR PROC FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE	
f. Program Income	STATE C	LEARING HOUSE	40,883			
g. TOTAL	-	\$	00		NT DELINQUENT ON ANY FEDERAL DEBT?	
		• 	1,253,883	∐ Yes If "Yes," a	attach an explanation.	
					ION ARE TRUE AND CORRECT, THE	
		AUTHORIZED BY THE GOV HE ASSISTANCE IS AWAI		APPLICANT AND TH	IE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authori	ized Repre	esentative	b. Title		c. Telephone Number	
Erica Roetman Sklar			Executive Director		(707) 942-5920	
d. Signature of Authorize	ed Repres	entative			e. Date Signed May 16, 2006	
Provious Edition Heable					· · · · · · · · · · · · · · · · · · ·	

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Ve	rsion	7	03

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/24/06		Applicant Ider	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational U	 nit:		
Experience Works, Inc.			Department: Experience Works			
Organizational DUNS:			Division:	BANK INABINA WAYNA		
07-010-4203 Address:			Name and teleph		rson to be contacted on matters	
Street: 2200 Clarendon Blvd., Suite 100	20		involving this ap	olication (give are		
2200 Clarendon biva., Suite 100			Prefix: Mrs.	First Name: Sally		
City: Arlington			Middle Name A.			
County:			Last Name Boofer			
State: Virginia	Zip Code 22201		Suffix:			
Country:	4		Email: sally_boofer@exp	erienceworks ora		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (gir		Fax Number (give area code)	
52-0817955]		703-522-7272		703-522-0141	
8. TYPE OF APPLICATION:		A CONTRACTOR OF THE CONTRACTOR	7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)	
☐ New If Revision, enter appropriate lett		n 🔲 Revision				
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			Private Non-profit 9. NAME OF FED	ERAL AGENCY:	The state of the s	
			U.S. Dept. of Labo			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC				CANT'S PROJECT: ent Program (SCSEP), "This	
TITLE (Name of Program): _		17-235	project will provide	subsidized, part-t	ime opportunities in community	
Senior Community Service Emp			service employme	nt for low income p	persons age 55 and over."	
12. AREAS AFFECTED BY PR	·	·				
Multiple counties - See Attachm 13. PROPOSED PROJECT	ent C - Geographic Area	as to be served	14. CONGRESSIO	NAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
8/1/06 15. ESTIMATED FUNDING:	6/30/07		Virginia, 8th District		Multiple REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PR	OCESS?		
	ECEN/ED	132,938,505			NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	ECEIVEL	.00	PROC	ESS FOR REVIEW	V ON	
c. State \$	MAY 2 2 2006	. 00	DATE	5/16/06		
d. Local \$.00	b. No. 💋 PROG	RAM IS NOT COV	/ERED BY E. O. 12372	
e. Other STA	TE CLEARING HOU	SE 00 14 770,945		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$.00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		147,709,450 ·	Yes If "Yes" att	ach an explanatior	n. 🙎 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	, ALL DATA IN THIS API GOVERNING BODY OF				
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.				
Prefix Mrs.	First Name Sally		Mid A.	dle Name		
Last Name Boofer			Suf	fix		
b. Title VP of Program Operations	`			elephone Number 3-522-7272	(give area code)	
d. Signature of Authorized Report	esentative			ate Signed Mac	11 20010	
Previous Edition Usable				()	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	on C			•	Prescribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANC	=	2. DATE SUBMITTED		Applicant Iden	Version 7/03
	L	May 10, 2006			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applicati	
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ler
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO Legal Name:	ix .		Organizational L	nit:	
City of Oroville			Department: Public V	/orks	
Organizational DUNS:			Division:		
086123437 Address:			Airports Name and teleph	one number of per	son to be contacted on matters
Street:			involving this ap	plication (give are	
1735 Montgomery Street			Prefix: Mr.	First Name: Eric	
City: Oroville			Middle Name		
County: Butte			Last Name Teitelman		
State: California	Zip Code 95965		Suffix:		
Country:	93903		Email:		
USA	ON NUMBER (EIN)		cdpw-direct	or@cityoforoville.or	Fax Number (give area code)
6. EMPLOYER IDENTIFICATI			(530) 538-2420	ive area code)	530-538-2426
94-600038 8. TYPE OF APPLICATION:	7]		1, 1	LICANT: (See back	of form for Application Types)
8. TYPE OF APPLICATION.	ew 🔲 Continuation	on Revision		LICANT: (Occ back	(or lotti ioi i application i appro-
If Revision, enter appropriate le	etter(s) in box(es)	on E Kevision	C. Municipal		
(See back of form for description	n of letters.)		Other (specify)		
Other (specify)		<u> </u>	Federal Aviati	DERAL AGENCY: on Administration	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		20-106	Oroville Municipa Airport Layout	l Airport, Oroville, B Plan Update and Ba	utte County, California aseline Environmental Studies
Airport Improvement Prog	-	C4-14-1-	_		
12. AREAS AFFECTED BY P	,	es, states, etc.):			ć ,
City of Oroville, Butte County, 13. PROPOSED PROJECT	California		14 CONGRESSI	ONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant	\	b. Project
2006	2006			st	1st REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	The second second	in l	ORDER 12372 PI	ROCESS?	
a. Federal	RECEIVE	266,000	a. Yes. 📂 AVA	PREAPPLICATION LABLE TO THE ST CESS FOR REVIEN	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
1	MAY 22 20	<u>06 koo .</u>			
c. State	2 Miles	13,100		E: May 14, 2006	
d. Local	STATE CLEARING	HOUSE	b. No. 🔲 PRO	GRAM IS NOT COV	/ERED BY E. O. 12372
e. Other	3111	.00		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income	\$. 00	17. IS THE APPI	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	280,000	☐ Yes If "Yes" a	ttach an explanation	n. 🗷 No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY THI	F, ALL DATA IN THIS AP	PPLICATION/PREA	PPLICATION ARE AND THE APPLICA	TRUE AND CORRECT. THE NOT WILL COMPLY WITH THE
a. Authorized Representative				LI-II- NI-	
Prefix Ms.	First Name Sharon			iddle Name	
Last Name Atteberry				uffix	
b. Title City Administrator				Telephone Number 330) 538-2405	(give area code)
d. Signature of Authorized Rep	resentative WWW	/			5/18/06
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APPLICATION FOR	_	_			Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 10, 2006	May 10, 2006		Applicant Identifier	
1. TYPE OF SUBMISSION:	Dro application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier	
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	fier	
Non-Construction	Non-Construction	-				
5. APPLICANT INFORMATION			Ta			
Legal Name:			Organizational L Department: Public V			
City of Oroville Organizational DUNS:			Public V	/orks		
086123437			Airports			
Address: Street:				ione number of pe plication (give are	rson to be contacted on matters a code)	
1735 Montgomery Street			Prefix:	First Name: Eric		
City: Oroville			Middle Name	Lilo		
County: Butte			Last Name Teitelman			
State: California	Zip Code 95965		Suffix:	<u> </u>		
Country:	93903		Email:			
USA 6. EMPLOYER IDENTIFICATION	N NUMBER (FIM):		cdpw-direct Phone Number (g	or@cityoforoville.or	Fax Number (give area code)	
94-6000387	_		(530) 538-2420	ivo area obae,	530-538-2426	
8. TYPE OF APPLICATION:				LICANT: (See back	k of form for Application Types)	
Z Nev	v 🔲 Continuatio	n 🔲 Revision	C. Municipal	(71 /	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters)		Other (specify)			
			''			
Other (specify)			9. NAME OF FED Federal Aviation	DERAL AGENCY: on Administration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
		2 0-1 0 6	Oroville Municipa		utte County, California	
TITLE (Name of Program): Airport Improvement Program	am	Samuel Samuel Samuel	Install REIL Off	Runway 19		
12. AREAS AFFECTED BY PR		s, States, etc.):	_		į.	
City of Oroville, Butte County, C	alifornia					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSI	ONAL DISTRICTS	OF: b. Project	
2006	2006			st	1st	
15. ESTIMATED FUNDING:	The state of the s		16. IS APPLICAT ORDER 12372 PF		REVIEW BY STATE EXECUTIVE	
a. Federal	ECEIVED	40,850	THIS	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	2006	108		CESS FOR REVIEW		
c. State \$	MAY 2 2 2006		DATE	<u>:</u> :		
d. Local \$	TE CLEARING HOU	JSE 2,042	b. No. PRO	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other STA	IE VLL/	00		ROGRAM HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$		00	FOR 17 IS THE APPL	REVIEW	NT ON ANY FEDERAL DEBT?	
rog.a				CAN DELINGOE		
g. TOTAL \$	***************************************	43,000		tach an explanatior		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF				
a. Authorized Representative			la a:	J.J. N		
Prefix Ms.	First Name Sharon			ddle Name		
Last Name Atteberry			Su	ffix	·	
b. Title City Administrator				Telephone Number 30) 538-2405	(give area code)	
d. Signature of Authorized Repre	sentative /			Date Signed	5/18/06	
Prévious Edition Usable Authorized for Local Reproductio	n 0				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Application for	Federal Assis	stance SF-424		Version 02
* 1. Type of Submiss : Preapplication : Application : Changed/Corrects		* 2. Type of Application: ✓ New ✓ Continuation ☐ Revision	* If Revision, select appropriate letter(s): * Other (Specify)	
* 3. Date Received: Completed by Grants.gov	tion admission	4. Applicant Identifier:		1
5a. Federal Entity Ide		[CAU15000]
ba. Federal Entity ide	ont/lier: 	<u> </u>	* 5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by	State:	7. State Application	n Identifier:	
8. APPLICANT INFO	RMATION:		L	
* a. Legal Name: Co	OUNTY OF KERN			BECEIVED
b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000925			* c. Organizational DUNS:	MAY 2 2 2006
d. Address:				STATE CLEARING HOUSE
* Street1: Street2: * City: County: * State: Province: * Country:	BAKERSFIELD KERN		CA: California	
* Zip / Postal Code:	93308			
e. Organizational U	nit:			
Department Name: SHERIFF'S DEPARTI			Division Name: TECHNOLOGY SERVICES	
r. Name and contact	information of p		matters involving this application:	
Middle Name: * Last Name: HARM Suffix:	I UTH	* First Nam	e: DAN	
Title: TECHNOLOG				
Organizational Affiliati	on:			
* Telephone Number:	661-391-7601		Fax Number: 661-391-7	674
* Email: HARMUTH	D@CO.KERN.CA	.US		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	

* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1 * Title:	
COPS Law Enforcement Technology	
COF S Law Enforcement reclinology	
13. Competition Identification Number:	
Title:	
	. !
14. Areas Affected by Project (Cities, Counties, States, etc.):	
UNINCORPORATED KERN COUNTY, CALIFORNIA	
	:
* 15. Descriptive Title of Applicant's Project:	
COPS MOBILE DATA TERMINAL PROJECT	·
	:
Attach supporting documents as specified in agency instructions.	
Add Altachments Delete Attachments View Attachments	

Application	n for Federal Assista	nce SF-424			Version 02
16. Congressi	ional Districts Of:				
* a. Applicant	CA-022		* b. Progra	ram/Project CA-022	
Attach an addit	tional list of Program/Proje	ct Congressional Districts if needed.			
		Add Attachment			
17. Proposed I	Project:	Parket in the second se			
* a. Start Date:	11/22/2005		* b	o. End Date: 11/21/2008	
18. Estimated	Funding (\$):				
*a. Federal		197,446.00			
* b. Applicant		0.00			
* c. State		0.00			
* d. Local		0.00			
* e. Other		0.00			
*f. Program Inc	come	0.00			
* g. TOTAL		197,446.00			
21. *By signing herein are true comply with ar	g this application, I certify e, complete and accurate my resulting terms if I acc ne to criminal, civil, or add	e to the best of my knowledge. I al	n the list of certific lso provide the rec ny false, fictitious.	cations** and (2) that the statements equired assurances** and agree to , or fraudulent statements or claims n 1001)	
specific instructi	lions.	, or an internet site where you may of	btain this list, is con	ntained in the announcement or agency	
Authorized Rep					
Prefix:	Ms.	* First Name: Elizabe	eth]
Middle Name:	[C		· · · · · · · · · · · · · · · · · · ·		
	Money	1 ^			
Suffix:		,			
* Title: Admini	nistrative Coordinator				
*Telephone Num	mber: 661-391-7761		Fax Number: 66	661-392-4379	
*Email: mone	ey@co.kern.ca.us				
* Signature of A	uthorized Representative:	Completed by Grants gov upon submission.	* Date Signed:	Completed by Grants.gov upon submission.	7

PPLICATION FOR EDERAL ASSISTANC	E	2. DATE SUBMITTED May 26, 2006		Applicant Iden 1142623469-3	525
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
oplication	Pre-application	4. DATE RECEIVED BY		Federal Identif	iar
Construction	Construction	ļ.	PEDEIONE NOTINE		
Non-Construction	Non-Construction				- In-
APPLICANT INFORMATIO	N	THE REAL PROPERTY OF THE PROPE	Organizational Unit		li l
on realist	ela of St Peter's Enisco	pat Church in San Francisco	Department:		
e Rector, Wardens, and Ve-	Sily Grove City of Carper	Parcharte Equerance	Division:		
6080978		3 7006	Name and telephon	e number of pe	raon to be contacted on matters
dress:		MAY	Involving this appli	cation (give are	a code)
reet:	1	a uous	Frefix:	First Name: David	
0 29th Avenue		ATE CLEARING HOUS	Middle Name	1-3-1-	
y: in Francisco		The second secon			
unty:	- Hard		Last Name Rickey		
an Franciscoate:	Zip Code 94121		Suffix:		
ate:	94121		Email:		
ountry: SA			david_rickey@prodi	gy.net	Fax Number (give area code)
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		1	alea Cuut)	(415) 751-4172
94-118095	(8)		(415) 751-4942	4 - 1 - 1 - 1	
TYPE OF APPLICATION:		•			ck of form for Application Types)
12 N	lew Continua	itlon 🏻 Revision	O. Not for Profit Org	janization	
Revision, enter appropriate ae back of form for descript	letter(s) in box(es)	A	Other (specify)		
38 DSCK Of JOHN 101 0690 Ibe			9. NAME OF FEDE	DAL AGENCY:	1) 6)***
ther (specify)			US Department of I	Housing and Urb	an Development
O. CATALOG OF FEDERA	DOMESTIC ASSIST	ANCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
U. CATALOG OF PEDLICA	C DOMESTIC MESTIC	14-181	29th Avenue Apart	ments, San Fran	cisco, CA
			New construction of	of 19 units o for vary low-ing	ome disabled adults
TTLE (Name of Program): Section 811 Supportive Hous	sing for Persons with Di	sabilities	, ,		
2. AREAS AFFECTED BY			Note: map showing	project location	can be found in Exhibit 4(d)vi
City and County of San Fran	cisco; State of California	3	14. CONGRESSIO	NAL DISTRICT	S OF:
3. PROPOSED PROJECT	Fading Date:		a. Applicant	HAL DIOTRIGIA	b. Project
Start Date: 0/01/06	Ending Date: 12/31/09		ACO-AC		CA-008
5. ESTIMATED FUNDING:			16 IS APPLICATE	ON SUBJECT T	O REVIEW BY STATE EXECUTIV
2' CO I MINITER I MINERIA			OPDER 12372 PR	OCESS7	
	le	00	ORDER 12372 PRO	PREAPPLICATION	DN/APPLICATION WAS MADE
	\$	2,471,823	a. Yes. AVAIL	OCESS? PREAPPLICATION ABLE TO THE S ESS FOR REVII	N/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237:
n. Federal	\$		a. Yes. AVAIL	ESS FOR REVI	N/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237:
n. Federal D. Applicant	\$	2,471,823 12,500	a. Yes. A THIS AVAIL PROC	ESS FOR REVII May 22, 2006	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237: EW ON
n. Federal D. Applicant D. State	\$ \$	2,471,823 12,500 2,512,476	a. Yes. AVAIL	ESS FOR REVII May 22, 2006	N/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237:
a. Federal c. Applicant c. State	\$	2,471,823 12,500	DATE:	ESS FOR REVII May 22, 2006 RAM IS NOT CO	DN/APPLICATION WAS MADE ITATE EXECUTIVE ORDER 1237 EW ON DVERED BY E, O. 12372
a. Federal b. Applicant c. State d. Local e. Other	\$ \$	2,471,823 12,500 2,512,476	DATE:	ESS FOR REVII May 22, 2006 RAM IS NOT COROGRAM HAS N	DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON DVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE
a. Federal c. Applicant c. State d. Local e. Other	\$ \$ \$	2,471,823 12,500 2,512,476 3,301,252	DATE:	ESS FOR REVII May 22, 2006 RAM IS NOT COROGRAM HAS N	DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON DVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE
Applicant State Local Other Program Income	\$ \$ \$ \$	2,471,823 12,500 2,512,476 3,301,252	DATE: b. No. I PROG	ESS FOR REVII May 22, 2006 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINGU	ON/APPLICATION WAS MADE ITATE EXECUTIVE ORDER 1237 EW ON OVERED BY E, O. 12372 FOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT?
. Federal . Applicant . State . Local . Other . Program Income	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,471,823 12,500 2,512,476 3,301,252 95,000	DATE: b. No. III PROG OR PF FOR F 17. IS THE APPLI	ESS FOR REVIII May 22, 2006 RAM IS NOT COROGRAM HAS NOT COROGRAM HAS NOT COROGRAM HAS NOT COROGRAM HAS NOT DELINGUITATION APPENDIT	DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237; EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? ION. ETBLIE AND CORRECT. THE
Applicant State Local Other TOTAL	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,471,823 12,500 2,512,476 3,301,252 95,000 8,393,051 LIEF, ALL DATA IN THIS ALL DATA	DATE: b. No. III PROG OR PF FOR F 17. IS THE APPLI	ESS FOR REVIII May 22, 2006 RAM IS NOT COROGRAM HAS NOT COROGRAM HAS NOT COROGRAM HAS NOT COROGRAM HAS NOT DELINGUITATION APPENDIT	ON/APPLICATION WAS MADE ITATE EXECUTIVE ORDER 1237 EW ON OVERED BY E, O. 12372 FOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT?
Applicant State Local Conner Theorem Income TOTAL TO THE BEST OF MY INCOMENT HAS BEEN DIATTACHED ASSURANCES AUthorized Representative	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,471,823 12,500 2,512,476 3,301,252 95,000 8,393,051 LIEF, ALL DATA IN THIS ALL DATA	DATE: b. No. I PROG To RPF FOR F 17. IS THE APPLI Yes If "Yes" at PPLICATION/PREAP F THE APPLICANT A	ESS FOR REVIII May 22, 2006 RAM IS NOT COROGRAM HAS NOT COROGRAM HAS NOT COROGRAM HAS NOT COROGRAM HAS NOT DELINGUITATION APPENDIT	DN/APPLICATION WAS MADE ITATE EXECUTIVE ORDER 1237 EW ON DVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? ion. IT NO
Applicant State Local Conner Theorem Income TOTAL TO THE BEST OF MY INCOMENT HAS BEEN DIATTACHED ASSURANCES AUthorized Representative	\$ \$ \$ \$ \$ \$ \$ \$ KNOWLEDGE AND BE JLY AUTHORIZED BY S IF THE ASSISTANCE	2,471,823 12,500 2,512,476 3,301,252 95,000 8,393,051 LIEF, ALL DATA IN THIS ALL DATA	DATE: a. Yes. AVAIL PROC DATE: b. No. PROG OR PF FOR F 17. IS THE APPLI Yes If "Yes" at PPLICATION/PREAP F THE APPLICANT A	ESS FOR REVIII May 22, 2006 RAM IS NOT COROGRAM HAS NEVIEW CANT DELINQUITED AN EXPLICATION ARIND THE APPLICATION ARIND THE APPLICATION AMBRICATION ARIND THE APPLICATION ARIND T	DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? ION. NO
Applicant State Checal Chocal Choc	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,471,823 12,500 2,512,476 3,301,252 95,000 8,393,051 LIEF, ALL DATA IN THIS ALL DATA	DATE: a. Yes. AVAIL PROC DATE: b. No. PROG OR PF FOR F 17. IS THE APPLI Yes If "Yes" at PPLICATION/PREAP F THE APPLICANT A	ESS FOR REVII May 22, 2006 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINGUI MACH AN EXPENSIVE MICHAEL AND THE APPLICATION ARI HOD THE APPLICATION ARI HOD THE APPLICATION ARI HOD THE APPLICATION ARI HOD THE APPLICATION ARI	ON/APPLICATION WAS MADE ITATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372 IOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? ION. E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Federal c. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Frefix Frefix Last Name Rickey	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,471,823 12,500 2,512,476 3,301,252 95,000 8,393,051 LIEF, ALL DATA IN THIS ALL DATA	ORDER 12372 PRO a. Yes. AVAIL PROC DATE: b. No. PROG OR PF FOR F 17. IS THE APPLI Yes if "Yes" at PPLICATION/PREAP F THE APPLICANT A Mic	ESS FOR REVII May 22, 2006 RAM IS NOT COROGRAM HAS NEVIEW CANT DELINGUITATION ARI IND THE APPLICATION	DN/APPLICATION WAS MADE ITATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? ion. IT NO
Applicant State C. State C. Coner F. Program Income G. TOTAL 18. TO THE BEST OF MY INCOMENT HAS BEEN DIATTACHED ASSURANCES A Authorized Representative Freilier Last Name	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,471,823 12,500 2,512,476 3,301,252 95,000 8,393,051 LIEF, ALL DATA IN THIS ALL DATA	DATE: b. No. I PROG TORPE 17. IS THE APPLI Yes If "Yes" at PPLICATION/PREAP F THE APPLICANT A Mic Su C. (4	ESS FOR REVII May 22, 2006 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINGUI MACH AN EXPENSIVE MICHAEL AND THE APPLICATION ARI HOD THE APPLICATION ARI HOD THE APPLICATION ARI HOD THE APPLICATION ARI HOD THE APPLICATION ARI	ON/APPLICATION WAS MADE ITATE EXECUTIVE ORDER 1237 EW ON OVERED BY E. O. 12372 IOT BEEN SELECTED BY STATE JENT ON ANY FEDERAL DEBT? ION. E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE

APPLICATION FOR						Version 7/0
FEDERAL ASSISTANCE	=	2. DATE SUBMITTED May 26, 2006		Apr	olicant Iden	tifler
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	Star	te Applicati	on Identifier
Construction	I	4. DATE RECEIVED BY	FEDERAL AGE	NCY Fed	eral Identif	ier
Non-Construction	Construction Non-Construction					
5. APPLICANT INFORMATION	<u>िया Non-Construction</u>	.,			···· . <u></u>	111111 1 to the second
Legal Namo:			Organizationa	l Unit:		
Satellit	e Housing, Inc.		Department:	Housing Do	evelor men	
Organizational DUNS;		· · · · · · · · · · · · · · · · · · ·	Division:	riousing Di	(-v)(ok)(IIIOII	
6264847	737			Not Applica		
Address: Street:			Name and tele			rson to be contacted on matters
2526 Martin Luther	King Jr. Way		Prefix:		t Name;	
	- R	ECEIVED -	1.00		P	aula
City: Berkeley	, n e.		Middle Name		к	
County:		MAY 2 3 2006	Last Name			1
Alameda State:	Zip Code	IMI 2 0 2000	Suffix:			<u>ook</u>
California	94704		Sumx			
Country: U.S.A	SIATI	CLEARING HOUSE	Email:			
6. EMPLOYER IDENTIFICATION	N NUMBER (F/N):		Phone Number	westbayho (give area co		Fax Number (give area code)
	_		(415) 618-0012	-	,	
94-3031375	1		` ' '		<u> </u>	(415)618-0228
8. TYPE OF APPLICATION:	(m/m)		7, TYPE OF AP	PLICANT:	(See back	of form for Application Types)
If Revision, enter appropriate let		on 🖺 Revision				
(See back of form for description			Other (specify)			
		_		O. Not for		nization
Other (specify)			9. NAME OF FE			tnemaoleve
10, CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1			ANT'S PROJECT:
			Octavia Court:	Affordable l	Housing De	evelopment for People with
TITLE (Name of Program):		14-181	Developmental			
HUD	811: Supportive Housing	ng Program				
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	es. States, etc.):	1			
City and County of San Francis	co, California					
13. PROPOSED PROJECT			14. CONGRES	SIONAL DI	STRICTS	DF:
Start Date: 8/1/2008	Ending Date: 4/30/	2000	a. Applicant	^		b. Project 8
15. ESTIMATED FUNDING:	4/30/	2009	16 IS APPLICA	ATION SUB	UECT TO	REVIEW BY STATE EXECUTIVE
TO LET MONATED FORDING.			ORDER 12372 I	PROCESS?	?	
a. Federal \$		1,920,315				APPLICATION WAS MADE
b. Applicant \$		pu	PR	OCESS FO	RREVIEW	TE EXECUTIVE ORDER 12372
		9,602]			
c. State \$		1,922,162	DA	TE: 05/23	/ 2006	
d. Local \$		2,035,691	b. No. III PRO	OGRAM IS	NOT COV	ERED BY E. O. 12372
e. Other \$		2,035,581	4	DECCEAN	# 11 A C N/O7	DEEN OF FOTED DV OTATE
e. Guiei		150,000		R REVIEW	I HAS NO	BEEN SELECTED BY STATE
f. Program Income \$		O '	17. IS THE APP	PLICANT D	ELINOUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL \$		819				177
		6,037,770	Yes If "Yes"			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEI	F, ALL DATA IN THIS APP	LICATION/PREA	APPLICATION	ON ARE T	TUE AND CORRECT. THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	WARDED.	HE APPLICANT	AND INE	AFFLIGAT	TO WILL COMPLY WITH THE
n Authorized Banzasantation						
Prefix Mr.	First Name Arion (Ryan)	N	Alddle Name	e	
Last Name			S	Suffix .		
Chao b. Title				Talant	- Normalia and A	
Executive Director				·	510-647	glve area code) 7-0700
d. Signature of Authorized Repre	sontative	2	e	. Date Sign	ed/	23/06
		 ,				~ J / V

				OMB Approval No	. 0348-0043
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTA	NCE				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4, DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION		L			
Deganawidas	niversity,	11	Organizational Unit:	Laurence L. Tradia	4 1
Deganawida	h-Quetzalca	oatl	Private L	LNIVERSITY-India, umber of person to be contacted on matters	s involving this
Address (give city, county, State, a	and zip code):		application (give area c	ode)	
P.O. BOX 409					,
Davis CA 95	6/7 DEC	FIVED	Kebeceallu	de 530902 1712	
6. EMPLOYER IDENTIFICATION	NUMBER (BIN): HEC)	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)]
94174646	4 \ 4	2 3 2006	A. State	H. Independent School Dist. I. State Controlled Institution of Higher Lea	anina
8. TYPE OF APPLICATION:	\$ · · ·		B. County	J. Private University	ating .
□ New	Continuation	LEARINGYROUSE	C. Municipal D. Township	K. Indian Tribe	
l lieu	STATEC	LEARING HOUSE	E. Interstate	L. Individual	
If Revision, enter appropriate letter	r(s) in box(es)	AND THE RESIDENCE OF THE PERSON OF THE PERSO	F. Intermunicipal	M. Profit Organization	
		D //	G. Special District	N. Other (Specify)	
A. Increase Award B. Deci D. Decrease Duration Other(spe	rease Award C. Increase	Duration	,		
D. Decrease Duration Carolispo	,,,,,,,		9. NAME OF FEDERA	L AGENCY:	
			USDA		
10. CATALOG OF FEDERAL DO	HECTIC ACCICTANCE NILME	10.	•	LE OF APPLICANT'S PROJECT:	
10. 766	MESTIC ASSISTANCE NUME	JER.	1		
TITLE:			MENOVATION	1 of Ballaing 104.	
			Early Chil	i of Building 104. Idhood Lab School	i
12. AREAS AFFECTED BY PROJ	IECT (Cities, Counties, State	es, etc.):	' ' ' '		
4010 Country					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF: CA	District	/	_
Start Date Ending Date	a. Applicant		b. Project		
6-15-06 9-1-06	D-a Universa	tu	Renovate	Bld4 104	
	10	19	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXEC	UTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PR	ROCESS?	
a. Federal	\$ 200 000		VEO THE PREAD	PLICATION/APPLICATION WAS MADE	
b. Applicant	300,000			TO THE STATE EXECUTIVE ORDER 123	372
р. Арріісані	100,000		1	FOR REVIEW ON:	
c. State	s		DATE		
d Local			DATE		
d. Local	\$.		b. No. 🗶 PROGRA	AM IS NOT COVERED BY E. O. 12372	
e. Other	\$. –	GRAM HAS NOT BEEN SELECTED BY ST	TATE
			FOR RE	NEW	
f. Program Income	\$		17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DE	BT?
g. TOTAL	\$ 400,000	8. 00	l —		X No
18. TO THE BEST OF MY KNOW	1	ATA IN THIS APPLICATION	N/PREAPPLICATION A	ARE TRUE AND CORRECT, THE	-
DOCUMENT HAS BEEN DULY A	UTHORIZED BY THE GOVE	RNING BODY OF THE AP	PLICANT AND THE AP	PLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF TH	HE ASSISTANCE IS AWARD	ED.			
a. Type Name of Authorized Repre		b. Title	lanate Calla	c. Telephone Number 530 758 0470	
Steven Jbarra		Dean, Quetza	icoall collect	e. Date Signed	
d. Signature of Althorized Repress	Privative			5 23 06	
Previous Edition Usable				Standard Form 424 (Rev. 7-97	7)

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Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 26, 2006		Applicant Idea	ntifier
1. TYPE OF SUBMISSION: Application	Pro-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
₩ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Ident	flor
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational U	n:+1	
	- 11		Department:		•
Organizational DUNS:	e Housing, Inc.		Division:	using Developmen	nt
6264847	37	THE D	No	t Applicable	
Address: Street:	DF(SEIVED !	Name and teleph- involving this app	one number of pe	erson to be contacted on matters
2526 Martin Luther K	ling Jr. Way	2006	Prefix:	First Name:	
City:	\ MA	2 3 2006	Middle Name		Paula .
Berkeley	1	1		K	
County: Alameda	STATE	CLEARING HOUSE	Last Name		Coak
State: California	Zip Code 94704	and the second s	Suffix:		
Country: U.S.A			Email:	stbayhousing.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gl		Fax Number (give area code)
94-3031375]		(415) 618-0012		(415)618-0228
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate lott (See back of form for description	er(s) in box(es)	n 🖺 Revision	Other (specify)		
				Not for Profit Orga	anization
Other (specify)			9. NAME OF FEDI Department of Hou		evelop men t
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
		14-181			evelopment far People with
TITLE (Name of Program): HUD	811: Supportive Housing	g Program	Developmental Dis	sabilities	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Countles	, Stafes, etc.):			
City and County of San Francisc	co. California				•
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	
Start Date: 8/1/2008	Ending Date: 4/30/2	009	a. Applicant		b. Project 8
15. ESTIMATED FUNDING:			16. (\$ APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
e. Federal \$		1.000.245	THIS F	REAPPLICATION	VAPPLICATION WAS MADE
b. Applicant \$		1,920,315 9,602	AVAIL	able to the st ess for revi <mark>e</mark> v	ATE EXECUTIVE ORDER 12372 V ON
c. State \$		1,922,162	DATE:	05 / 23 / 2006	
d. Local \$		2,035,691	b. No. III PROG	RAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		150,000	OR PR		T BEEN SELECTED BY STATE
f. Program income \$		0 ,		EVIEW ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		6,037,770	Wes If "Yos" att	ich an explanation	ı. 🗓 No
18. TO THE BEST OF MY KNOW	NLEDGE AND BELIEF.				
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Prefix Mr.	First Name Arlon (R	van)	Midd	lle Name	
Last Name	Alloll (K	Jan,	Suff	×	
Chao b. Title			ic Te	lephone Number	(give area code)
Executive Director d. Signature of Authorized Repres	Antativa -			510-64	7-0700
Previous Edition Usable	santative		e. Di	ate Signed 5	23/06

760-482-2751

PAGE Ø1

Application for Federal Assis	tance SF-424		Version 02			
* 1. Type of Submission:	* 2. Type of Application: "If Revision, select appropriate letter(s):					
Preepplication	☑ New 〔					
✓ Application	[] Continuation	* Other (Specify)				
Changed/Corrected Application	Revision					
* 3. Date Received:	4. Applicant Identifier:					
Completed by Grants.gov upon submission.						
5a. Federal Entity Identifier:	, near	* 5b. Federal Award Identifier	;			
State Use Only:			RECEIVED			
6. Date Received by State:	7. State Application	n Identifier:	MAY 2 3 2006			
8. APPLICANT INFORMATION:			WITH 2.5			
a. Legal Name: Imperial Valley	Regional Occupational	Progrm	STATE CLEARING HOUSE			
b. Employer/Taxpayer Identification N	umber (EIN/TIN):	c. Organizational DUNS:				
91-2133310		139126408	:			
d. Address:						
- Street1: 687 State Str	eet					
Street2:						
City; El Centro			······································			
County:	The state of the s					
• State: California						
Province:	The state of the s	Anthron to see a bereath and a set on the section of property of a section of a sec				
* Country:		USA: UNITED STATES				
* Zip / Postal Code: 92243						
e. Organizational Unit:						
Department Name:		Division Name:				
A William Committee of the Committee of						
f. Name and contact information of	person to be contacted on	matters involving this applica	tion:			
Prefix:	* First Nam	ne: Mary				
Middle Name: N.						
* Last Name: Carnacho		ness encounteriorité de la monte de la fact				
Suffix:						
Title: Superintendent						
Organizational Affiliation:	AL III					
* Telephone Number: (760) 482-2	666 or 2644	Fax Number:	760) 482-2751			
*Email: mcamacho@ivrop.org]	1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
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Type of Applicant 2: Select Applicant Type:	· •· (
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Type of Applicant 3: Select Applicant Type:	and 100 M
1 Other (monifo):	. i
* Other (specify): Public Agency	
* 10. Name of Federal Agency:	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
Veterans' Employment Program	
112. Funding Opportunity Number:	
SGA-06-03	
* Title:	
Veterans' Workforce Investment Program (VWIP) Grants	
13. Competition identification Number:	
Title:	
·	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Project Vital Employment Training Services (VETS)	
	·
Attach supporting documents as specified in agency instructions.	

PAGE 03

OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application	for Federal As	sistance SF-424							Version 02
16. Congressio	nal Districts Of:	··············							
* a. Applicant	52				* b. Progra	am/Project	[52	1 300 (14)	
Attach an addition	onal list of Program	Project Congressions	al Districts if ne	eded.					
			D.100	a Amaciy	(ar f) 4 . 1 & 2-15; s	(7.)/ · · ·			
17. Proposed P	roject:								
- e. Start Date:	07/01/06				- b	. End Date:	06/30/07		
18. Estimated i	unding (\$):								
* a. Federal		\$4:	39,565						
* b. Applicant	Act of the state o	\$	10,806						
° c. State									
" d. Local	a d. 1. a. a. 2006 da 2000 da 2		14. 00 to 1 of Act Act						
* e. Other		\$	93,300						
* f. Program (no	come								
* g. TOTAL		\$54	43,671						
b. Program is	s subject to E.O. 12 a not covered by E.		selected by the	s State fo	rreview.	for review o	05/19/0	6	
		On Any Federal De	bt? (If "Yes", p	provide e	xpisnation.)				
Yes	Ø No	filmen Arrustraes							
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Authorized Re	presentative:								
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Middle Name:	N.								· reconstruction according to the freehillers
* Last Name:	Camacho						(C A)====================================	w consideration particles, ecological according to the desire of	
Suffix:	16.11								
• Title: Supe	rintendent								
Telephone Nur	nber: (760) 482	-2666 or 2644	W.A		Fax Number:	(760) 482	-2751		
· Email: mc	emacho@ivrop	org							TOTAL SCORE SERVICE ST ST ST STATE S - MA
" Signature of A	uthorized Represen	ative: Compressory	Frants DOV upon (V	ongssion.	Date Signed	d: Complete	Construe bed	pon aubmission.	
Authorized for Le	ocal Reproduction		1)	· wit	<u> </u>		Sian	dard Form A24	(Revised 10/2005)

Prescribed by OMS Circular A-102

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* 2. Type of Application	Application for l	Federal Assis	tance S	SF-424						Version 02
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State Use Only: 6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: MAY 2 3 2006 * a. Legal Name: West Bay Housing Corporation * b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS: 167726436 d. Address: * Street: 120 Howard Street, Suite 470 Street2: * City: San Francisco County: San Francisco County: San Francisco County: USA: UNITED STATES * Zip / Postal Code: 94105 • Organizational Unit: Department Name: N/A f. Name and contact Information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: Paula Modiel Name: K. * Last Name: Cook Suffox Title: Director of Housing Development Grapinizational Affiliation: West Bay Housing Corp. * Telephone Number: 415-618-0012 Fax Number: 415-618-0012	Completed by Grants.gov	upon submission.								
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Telephote Number. 473-010-0012	West Bay Housing (Corp.								
* Email: paula@westbayhousing.org	* Telephone Number	r: 415-618-0012					Fax Num	ber:	415-618-0228	
	* Email: paula@v	vestbayhousing.or	g							

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M: Nonprofit with SOTC3 IRS Status (Other than Institution of Higher Education) Type of Applicant 3: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Type of Applicant 3: Select Applicant Type: 10. Name of Federal Agency: IS Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14.1611 CFDA Title: Supportive Housing for Persons with Disabilities 12. Funding Opportunity Number: RR-5030-N-21 Title: Section 811 Supportive Housing for Persons with Disabilities 13. Competition Identification Number: Section 811 Supportive Housing for Persons with Disabilities 14. Areas Affected by Project (Citles, Counties, States, etc.): San Francisco, CA 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities.	Application for Federal Assistance SF-424	Version 0)2
Type of Applicant 3: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Other (specify): 10. Name of Federal Agency: US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 11. Catalog of Federal Domestic Assistance Number: 11. Catalog of Pederal Domestic Assistance Number: 12. Funding Opportunity Number: FR-5030-3-21 Title: Section 811 Supportive Housing for Persons with Disabilities 13. Competition (dentification Number: Section 815 Supportive Housing for Persons with Disabilities 14. Areas Affected by Project (Citles, Counties, States, etc.): San Francisco, CA 14. Opeoriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	9. Type of Applicant 1: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type: "Other (specify): "Other (specify): "10. Name of Federal Agency: US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14. 161 [CPDA Title: Supportive Housing for Persons with Disabilities "12. Funding Opportunity Number: PR-5030-N-21 "Title: Section \$11 Supportive Housing for Persons with Disabilities 13. Competition Identification Number: 841-21 Title: 14. Areas Affected by Project (Cittes, Counties, States, etc.): San Francisco, CA "15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)		
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**10. Name of Federal Agency: US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14. 181 OFDA Tille: Supportive Housing for Persons with Disabilities **12. Funding Opportunity Number: FR-5030-N-21 **Title: Section 811 Supportive Housing for Persons with Disabilities 13. Competition Identification Number: Settion 811 Supportive Housing for Persons with Disabilities 14. Areas Affected by Project (Cities, Counties, States, etc.): San Francisco, CA **15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	Type of Applicant 3: Select Applicant Type:		
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CFDA Title: Supportive Housing for Persons with Disabilities *12. Funding Opportunity Number: FR-5030-N-21 *1 Title: Section 811 Supportive Housing for Persons with Disabilities 13. Competition Identification Number: S811-21 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): San Francisco, CA *15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	11. Catalog of Federal Domestic Assistance Number:		
* 12. Funding Opportunity Number: FR-5030-N-21 * Title: Section 811 Supportive Housing for Persons with Disabilities 13. Competition Identification Number: S811-21 Title: 14. Areas Affected by Project (Cittes, Counties, States, etc.): San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	14.181		
* 12. Funding Opportunity Number: FR-5030-N-21 * Title: Section 811 Supportive Housing for Persons with Disabilities 13. Competition Identification Number: S811-21 Title: 14. Areas Affected by Project (Cities, Countles, States, etc.): San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	CFDA Title:		
* 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	Supportive Housing for Persons with Disabilities		
* 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	* 12. Funding Opportunity Number:		_
**Title: Section 811 Supportive Housing for Persons with Disabilities 13. Competition Identification Number: S811-21 Title: 14. Areas Affected by Project (Citles, Counties, States, etc.): San Francisco, CA ** 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
13. Competition Identification Number: S811-21 Title: 14. Areas Affected by Project (Citles, Counties, States, etc.): San Francisco, CA 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	* Title:		
13. Competition Identification Number: S811-21 Title: 14. Areas Affected by Project (Citles, Counties, States, etc.): San Francisco, CA 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	Section 811 Supportive Housing for Persons with Disabilities		
S811-21 Title: 14. Areas Affected by Project (Citles, Counties, States, etc.): San Francisco, CA 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
S811-21 Title: 14. Areas Affected by Project (Citles, Counties, States, etc.): San Francisco, CA 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
S811-21 Title: 14. Areas Affected by Project {Cities, Counties, States, etc.}: San Francisco, CA 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	40. Compatible Identification Number		
Title: 14. Areas Affected by Project (Cittes, Counties, States, etc.): San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
14. Areas Affected by Project (Cities, Countles, States, etc.): San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	THE.		
San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
San Francisco, CA * 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			_
* 15. Descriptive Title of Applicant's Project: Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	14. Areas Affected by Project (Cities, Counties, States, etc.):		
Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.	San Francisco, CA		
Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
Octavia Court, Affordable Housing for people with Developmental Disabilities. Attach supporting documents as specified in agency instructions.			
Attach supporting documents as specified in agency instructions.	* 15. Descriptive Title of Applicant's Project:		
	Octavia Court, Affordable Housing for people with Developmental Disabilities.		
Addividualing problem in the second of the s	Attach supporting documents as specified in agency instructions.		

Application	for Federal Assista	nce SF-424			-	31	V	ersion 02
16. Congressio	nal Districts Of:							
* a. Applicant	8		_	* b. Progra	am/Project	8		
Attach an additi	onal list of Program/Project	Congressional Districts	if needed.					
			Palete Artachi	nent View Attac	lament			
17. Proposed i	Project:				100			
* a. Start Date:	08/01/2008			* b.	. End Date:	04/30/2009		
18. Estimated	Funding (\$):							
* a. Federal		1,920,315.00						
* b. Applicant		9,602.00						
* c. State		1,922,162.00						
* d. Local		2,035,691.00						
* e. Other		150,000.00						
* f. Program Inc	come	0.00						
* g. TOTAL		6,037,770.00						
	s subject to E.O. 12372 but s not covered by E.O. 1237		y the State fo	r review.				
* 20. Is the App	olicant Delinquent On Any ✓ No Exp	/ Federal Debt? (If "Yes	s", provide e	xpianation.)				
herein are true comply with ar may subject me	this application, I certify, complete and accurate by resulting terms if I accept to criminal, civil, or admittifications and assurances, ons.	to the best of my know cept an award. I am awa ninistrative penalties. (viedge. I also are that any U.S. Code, T	o provide the re false, fictitious, itle 218, Section	quired assu , or fraudule n 1001)	erances** and ent statement	l agree to ts or claims	
Authorized Rep	presentative:							
Prefix:	Ms.	* First Nam	ne: Vera		VIII.			
Middle Name:	R.							
* Last Name:	Ciammetti							
Suffix:]						
* Title: Execut	ive Director						·	•
* Telephone Nun	nber: 415-618-0012 ext 20)1		Fax Number: 4	115-618-0228			
* Email: vera	@westbayhousing.org							
* Signature of A	uthorized Representative:	Completed by Grants.gov upo	en submission.	* Date Signed:	: Completed	by Grants.gov upo	on submission.	

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Application for Federal Assistance SF-424 Version 02 1. Type of Submission; *2. Type of Application: * If Revision, select appropriate letter(s): Prospplication V New ✓ Application Continuation * Other (Specify) Changed/Corrected Application Revision " 3, Date Received: 4. Applicant Identifier: Completed by Grants, gov upon submission. RECEIVED 5a, Federal Entity Identifier; ~ 5b. Federal Award Identificr; State Use Only: 6. Date Received by State: 7. State Application Identifier: B. APPLICANT INFORMATION: * a. Legal Name: San Bernardino County District Attorney b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS: 95-6002748W 626913172 d. Address: " Streat1: 316 North Mountain View Avenue Streat2: * City: San Bernardino San Bernardino County: * State: CA: Callfornia Province: * Country: USA: UNITED STATES * Zip / Postni Code: 92415-0004 e. Organizational Unit: Department Name: Division Name; San Bdne Co District Atturney f. Name and contact information of person to be contacted on matters involving this application: Profix: * First Name: Jane Middle Name: " Last Name: Suffic Title: Chief, Burngu of Administration Organizational Affiliation; * Telephone Number: (909) 387-6613 Fax Number: (909) 387-6313 * Empil: jallon@da.sbcounty.gov

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Application for Federal Assistance SF-424 Version 02 9. Type of Applicant 1: Select Applicant Type: B: County Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3; Select Applicant Type: * Other (specify): *10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domestic Assistance Number: CFDA TINA: - 12. Funding Opportunity Number: COPS-OTHER-TECH-2008-1 ~ Title: COPS Law Enforcement Technology 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): San Barnardino County and cities within * 15. Descriptive Title of Applicant's Project: Identity Theft Provention and Prosecution Attach supporting documents as specified in agency instructions. Antiparishmogram (datas nationalistic Antis Succientalistics)

Application	on for Federal Assist	tance SF-424				Expired Date: 07/3/1/	
	sional Districts Of:	Miles 47 - 12				Version	, 02
*a, Applicant					-		
				b. Progr	gram/Project CA-026		
1:	itional list of Program/Proje		cts if needed.				_
	al Districts of doc	Add Attaclmient		And Merch	elin eni		
17. Proposed							
* a. Start Date	n: 11/22/2005			*1	b. End Date; 11/21/200	80	
18. Estimated	d Funding (\$):						
* a. Faderal		24,681.00	٥				
~ b. Applicant		0.00	อี			•	
~c, State		0.00	ว์				
f d. Local		0.00	اًد				
↑ a. Other		0,00	ર્ગ				
f. Program in	леоте	0.00	آد				
"g. TOTAL		24,661.00	ภี				
* 20. Is the App Thes	pplicant Delinquent On Ar	kny Federal Debt? (If "Y	'es", provide e	explanation.)			-
21. The signing herein are true comply with ar may subject m	g this application, I certifie, complete and accurating terms if I acres to criminal, civil, or ac	ify (1) to the statements te to the best of my kn ccept an award. I am av dministrative penalties	ware that any t ware to tang t s. (U.S. Code,	so pravide the rec false, fictitious, c Title 218, Section	equired assurances ?? or fraudulent statemer on 1001)	and agree to ents or claims	
specific instructi	ortifications and assurances Nons,	s, or an internet site whe	re you may obt	ain this list, is con	stained in the announce	ment or agency	
Authorized Rep	presentative:			,			
Profix:		* First N	lame; Michael	:			
Middle Name;	Α.						
* Last Nome;	Ramos						1
Suffix;							I
Title: District	ct Attorney						Innoversion
Telephono Num	mbor: (909) 387-6507		•	Fax Number: (8	909) 387-6313		7
Emell: mrsm	vog.v/nuosda.sb@eom		-				
Signature of Au	uthorized Representative:	Completed by Grants gov u	pon submersion.	* Date Signed:	Completed by Grants, gov	upon submission.	

OMB Approval No. 0348-0043

APPLICATION FOR FE	DERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:	Park a	3. Date Rec'd by State	State Application Identifier
	capplication	4. Date Rec'd by Federal	Federal Identifier
Construction	Construction	7. Date Need by rederat	2 Odora roomano
_X Nonconstruction	Nonconstruction		
5. Applicant Information:	The same of the sa	Organizational Unit:	
Legal Name and Address:	in code) MAY 2 3 2006	Division of Water Quality	
(give city, county, state, and z	ib code)	Name and telephone of person to be o	
C 117 Th	L Constant Decard	involving this application (give area of	code):
1001 I Street, Sa	acrams TATE TO LEARING HOUSE	Rik Rasmussen	
Sacramento, Ca	liforhia 95814	(916) 341-5549	
6. Employer Identification No	umber (EIN): 680281986	7. Type of Applicant: (enter appropri	
		-	endent School District
6. DUNS Number: 8083	21913		nstitute of Higher Learning
8. Type of Application:		1	e University
X New Revision		D. Township K. Indian	
If Revision, enter appropriate		E. Interstate I., Indivi	
A. Increase Award	B. Decrease Award	· ·	t Organization
	D. Decrease Duration	G. Special District N. Other	(specify)
Other (specify)		9. Name of Federal Agency:	-
10. Catalog of Federal Dome	stic Assistance Number	U. S. Environmental Pr	olection Agency
66.454	atte Assistance Municol	J. B. 23.	
	Management Planning Grants	11. Descriptive Title of Applicant's I	roject:
	<u>.</u>		
		Oversee and manage water quality pl	anning projects as authorized by
12. Area Affected by Project:		State law or local ordinances, to assu	re the maintenance, restoration,
(cities, counties, states, etc.)		enhancement, and protection of water	r quality in the environment.
Califòrnia		4	
13. Proposed Project:		1	
Start Date	End Date	14. Congressional District of:	
07/01/06	06/30/11	Applicant: Project: 3 Californi	a - All
15. ESTIMATED FUNDING	<u> </u>	16. Is the application subject to revise	
The second secon		Executive Order (EO) 12372 process	
a. Federal	\$632,617	a. YES:X This application	n/preapplication was made
b. Applicant	\$0	available to the State E	
c. State	\$ 0	review on:	•
d. Local	\$0		ay 24, 2006
e. Other	\$0		covered by EO # 12372
f. Program Income	\$0	Program has no	ot been selected by the
1 -		state for review	
g. TOTAL	\$632,617	17. Is the applicant delinquent on an	y Federal deht?
		YES, attach explanation	X NO
10 TO THE BEST OF LIVE	NAMES AND SECTION AND SECTION AND SECTIONS.	 ATA IN THIS APPLICATION/PREA	PPUTCATION ARE
TRUE AND COMMERCE THE	KINGWIEDGE AND BELIEF, ALL D BINGGIMENT HAS BEEN DIT VA	UTHORIZED BY THE GOVERNING	BOARD OF THE
ADDITION AND THE AT	IS DOCUMENT AND DEEN DULT A BUTCANT WILL COMBUV MUSTUS	IE ATTACHED ASSURANCES IF T	HE ASSISTANCE
IS AWARDED.	I FIGURE WILL COMED'S WITH II	III. (C. LACTED REGORATIONS III. 1)	······································
a. Typed Name of Authorize	Representative	b. Title:	c. Telephone Number
Celeste Cantú	V Pr. offeringer in	Executive Director	(916) 341-5615
Colosie Calla			, , ,
d. Signature of Authorized R	epresentative		c. Date Signed:
7	•		

APPLICATION FOR	_		2 DATE SUBMITTED		Applicant Ident	Version 7/03
FEDERAL ASSISTANCE	=				State Application	
1. TYPE OF SUBMISSIOM: Application	Pre-application	an .	3. DATE RECEIVED B	Y SIAIE		
Construction	Comstruc	tion	A DATE RECEIVED B	FEDERAL AGENC	Y Federal Identifi	er er
D Non-Construction	Nan-Cons	nuction	J			
i. <u>APPLICANT INFORMATION</u> .egal Name:		1		Organizational U		
ogal Name: TWL LAUSE PEOL	ple of	MARIA	eleas INC	Department	down_	
	2966			Division:	HONK	
Address:	700	RE	CEIVED	Name and telepi	one number of per	rson to be contacted on matters
Street:	امريمهم	00 A	STRAKT	Prefix	First Name:	
9235 SAN D		M	AY 2 3 2006	Middle Name		&D
CAFLAND)			- WOUGH		URTIS_	
county: ALAMIEZ	A	STATE	CLEARING HOUSE		2212/2	
State: A	Zip Code	460	5	Suffix:		
Country: USA				EMALLER	IT FORTH	EREUSE PROPLE. DI
B. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (s	ing area code)	I-80x M/MANDEL (SLAG SLAGS (SSTAG)
23-260272	2			510/383	-1983	510/383-1963 k of forth for Application Types)
B. TYPE OF APPLICATION:	A			7. TYPE OF APP	LICANT: (See bad	k of form for Application Types)
il Ne Revision, enter appropriate la		ontinuatic 3)	on (Filerolphon	"0"	NONPROP	•//
See back of form for descriptio	n of letters.)	_ [آ آ آ	П	Other (specify)		
Other (specify)		u	Ь	9. NAME OF FE	DETAIL ACENCY:	PA
10. CATALOG OF FEDERAL	DOMESTIC A	SSISTAN	CENUMBER:	11. DESCRIPTIN	E TITLE OF APPL	CANT'S PROJECT:
1 11 11 11 11 11 11	MANALA USIST	MILA	7	105 AM	ICALLES O	SOILDING
TITLE (Name of Program):	4651517	,,,,	لا العالم العالم	MATER	eials ice	USE FACILITY
12. AREAS AFFECTED BY P	ROJECT (Citie	s, Coumbe	is, States, etc.):			(
LOS ANCA						
13. PROPOSED PROJECT				14, CONGRESS a. Applicant	IONAL DISTRICTS	OF: Tb. Project
Start Date: 1/06	Ending D	730	109	1 "/A	911	CA 35 -
15. ESTIMÁTED FUNDING:		Z				REVIEW BY STATE EXECUTIVE
a. Federal	š	Á	0 000		: PREAPPLICATION	WAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	\$		0,000	PRO	CESS FOR REVIE	W ON /
c. State	<u> </u>			DAT	E 5/2	2/06
	t		1.0			VERED BY E. O. 12372
d. Local			· · · · · · · · · · · · · · · · · · ·	D. NO. 111		OT BEEN SELECTED BY STATE
e, Other	3	······································	•	l i cos	DEMEN	
f, Program Income	\$			17. 18 THE APP	LICANT DELINGUE	ENT ON ANY FEDERAL DEBT?
g. TOTAL	3	3	0.000		attach an explamatio	
18, TO THE BEST OF MY KN	OWLEDGE A	IO DEL E	TALL DATA MITHE	PPLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES N	THE ASSIST	ANCE IS	e governing BODY (AWARDED.	TIME APPLICANT		
a. Authorized Representative	First Name			<u> </u>	Aldda Name	10 0-316
		1/2	2		iuffix	WRT13
Last Name Z 1/2/1/	ZZ					F (obe gros (rode)
D. Title PRESIO	ENT	1	M		Telephone Number	- 1983
d. Signature of Authbrized Reg	presentative	1. /		<u> </u>	Date Street 2	1/06
Previous Entire Land	Me	-///			1	Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10
Authorized for Local Recording	an ~(-	

图 002

Application for Federal Assi	stance SF-424		Version 02					
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):						
Preapplication	✓ New		·					
Application	Continuation	* Other (Specify)						
Changed/Corrected Application	Revision							
* 3. Date Received:	4. Applicant Identifier:							
Completed by Grants.gov upon submission.								
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:						
State Use Only: RECEIVED								
6. Date Received by State:	7. State Application	n Identifier:	MAY 2 3 2006					
8. APPLICANT INFORMATION:								
* a. Legal Name: West Bay Housing	Corporation		STATE CLEARING HOUSE					
* b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organizational DUNS:	11-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-					
56-2379862		167725436						
d. Address:			,					
* Street1: 120 Howard St	reet, Suite 470							
Street2:								
* City: San Francisco								
County: San Francisco								
* State:		CA: California						
Province:								
* Country:		USA: UNITED STATES						
* Zip / Postal Code: 94105								
e. Organizational Unit:								
Department Name:		Division Name:						
N/A		N/A						
f. Name and contact information	of person to be contacted or	matters involving this application:						
Prefix: Ms.	* First Na	me: Paula						
Middle Name: K.								
* Last Name: Cook								
Suffix:								
Title: Director of Housing Develope	nent							
Organizational Affiliation:								
West Bay Housing Corp.								
* Telephone Number: 415-618-001	2	Fax Number: 415-618-	0228					
* Email: paula@westbayhousing.	org							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	·
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number: 14.181 CFDA Title: Supportive Housing for Persons with Disabilities	
* 12. Funding Opportunity Number:	
FR-5030-N-21	
* Title:	
Section 811 Supportive Housing for Persons with Disabilities	
13. Competition Identification Number:	
S811-21	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
San Francisco, CA	
* 16. Descriptive Title of Applicant's Project:	
Octavia Court, Affordable Housing for people with Developmental Disabilities.	
Attach supporting documents as specified in agency instructions.	

WEST BAY HOUSING

[2] 004

Application for Federal Assis	tance SF-424		Version 02
16. Congressional Districts Of:			
a. Applicant 8		* b. Program/Project 8	
Attach an additional list of Program/Pro	ject Congressional Districts if nec	eded.	
	Celet	e Attachment View Attachment	
17. Proposed Project:			
* a. Start Date: 08/01/2008		* b. End Date: 04/30/2009	
18. Estimated Funding (\$):			
* a. Federal	1,920,315.00		
* b. Applicant	9,602.00		
* c. State	1,922,162.00		
* d. Local	2,035,691.00		
* e. Other	150,000.00		
* f. Program Income	0.00		
* g. TOTAL	6,037,770.00		
herein are true, complete and accidence comply with any resulting terms if may subject me to criminal, civil, out it is a subject. The list of certifications and assurate	rate to the best of my knowle I accept an award. I am aware Ir administrative penaities. (U.S	tained in the list of certifications** and (2) that the st dge. I also provide the required assurances** and a s that any false, fictitious, or fraudulent statements S. Code, Title 218, Section 1001) ou may obtain this list, is contained in the announcemen	or claims
specific instructions. Authorized Representative:			
Prefix: Ms.	* First Name:	Vera	
Middle Name: R.			
* Last Name: Ciammetti			
Suffix:			
Cuma.			
		,	-
* Title: Executive Director * Telephone Number: 415-618-0012	ext 201	Fax Number: 415-618-0228	
* Title: Executive Director		Fax Number: 415-618-0228	



APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/17/06		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	State Application Identifier	
Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identit	ier	
Non-Construction	Non-Construction		**************************************			
5. APPLICANT INFORMATION Legal Name:			Organizational	Linit:		
			Department: Holtville Public V			
City of Holtville				Vorks		
Organizational DUNS: 02-050-7158			Division: Water Departme			
Address:			Name and telep	hone number of pe	rson to be contacted on matters	
Street:			Prefix:	pplication (give are First Name:	a code)	
121 W. Fifth Street			Balalalla Blassa	Vivia		
City: Holtville			Middle Name M			
County: Imperial			Last Name Arellano			
State: CA	Zip Code 92250		Suffix:			
Country:		- 10/1-10/1-10 - 10 - 10 - 10 - 10 - 10	Email:	30		
6. EMPLOYER IDENTIFICATION	N NUMBER (FIN):		varellano@holtv Phone Number (Fax Number (give area code)	
	_		760-356-4685	givo area ocacy	760-3561863	
9 5 - 6 0 0 0 7 2 1 8. TYPE OF APPLICATION:				PLICANT: (See had	of form for Application Types)	
V Nev	v 🔲 Continuation	n T Revision		LICANI. (Gee back	toriomitor Application Types)	
If Revision, enter appropriate lett	er(s) in box(es)	I IIII Kevisioii	C. Municipal			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FE USDA Rural Dev	DERAL AGENCY: velopment		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	VE TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program):		10-760	Installation of 2.5 Million Gallon Ground Storage Reservoir and Installation of HDPE liner for Raw Water Ponds 2 nd 3			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	States, etc.):	-		·	
City of Holtville	,	,,				
13. PROPOSED PROJECT		THE ADMINISTRAÇÃO DE CONTRACTOR DE CONTRACTO	14. CONGRESS	IONAL DISTRICTS	DF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
1/01/07 15. ESTIMATED FUNDING:	1/01/08		51		REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 P		REVIEW BY STATE EXECUTIVE	
a. Federal \$		3, 579 ,077			APPLICATION WAS MADE TE EXECUTIVE ORDER 12372	
b. Applicant \$	=OEN/E		PRO	CESS FOR REVIEW	ON	
c. State	RECEIVE	0.00	DAT	E:		
d. Local	MAY 2 3 20	06 0.00	b. No. 🗂 PRO	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$	Other \$\STATE CLEARING HOUSE p .00 17. IS			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$	STATE CLEARING	0.00	17. IS THE APP	LICANT DELINQUE	IT ON ANY FEDERAL DEBT?	
g. TOTAL \$		3,579,077 ·	Yes If "Yes" a	attach an explanation	☑ No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF T				
a. Authorized Representative						
Prefix	First Name Laura		M	liddle Name		
Last Name Fischer		-		uffix		
o. Title City Manager			17	Telephone Number (60-356-4574		
d. Signature of Authorized Regre	sentative		e.	Date Signed 5//	8/01-	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR		O DATE CHOMITTED		Applicant Ider	Version 7/03	
FEDERAL ASSISTANCE	i	2. DATE SUBMITTED	ay 22 , 2006	Applicant ider	imei	
TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier		
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Un	it:		
City of South Lake	Taline		D 4	nomic Deve	looment	
Organizational DUNS:	· /anoc		Division:			
			Ø		erson to be contacted on matters	
Address: Street:			involving this app			
	Road, Suit	le 201	Prefix: MS.	First Name:	Camden	
City: South Late Ta	hoe		Middle Name	· 6		
County El Dorado			Last Name Col	lins		
State: Ca	Zip Code 96150)	Suffix:	6		
Country:			Email: CCO	llins @ cu	Fy of SLT. US Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)	
94-1610868	3		530.542.1	6078	530.542.4054	
8. TYPE OF APPLICATION:	<u> </u>				k of form for Application Types)	
IV. Nev		n F Revision	C			
If Revision, enter appropriate let (See back of form for description		П	Other (specify)			
Other (specify)			9. NAME OF FEDERAL AGENCY: US Pept of Agriculture 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	1 .		• • •	
		10-773	Biomass 1	Fuels Reduct	tion + Pelletization;	
TITLE (Name of Program): US	DA Rural Busine		technica	l assistan	ice to determine	
TITLE (Name of Program): US CI 12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	degree of	private	funding	
Cal: El Dorado + Place Co	unty; Nev: Dough	as + washoe Canties	feasibilite	y. Fire risk	reduction; heating product	
13. PROPOSED PROJECT			14. CONGRESSIO			
Start Date:	Ending Date:		a. Applicant	(IT MIHL)	b. Project Ath District (J.T. Dolitha)	
When furded 15. ESTIMATED FUNDING:	12 months				REVIEW BY STATE EXECUTIVE	
				005000		
a. Federal		42,500	a. Yes. AVAIL	ABLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant REG	EIVED	7,500	PROC	ESS FOR REVIE	WON	
c. State \$	0.4.2000	17.500	DATE:			
d. Local MAY \$	2 4 2006		b.No. IT PROG	RAM IS NOT COV	VERED BY E. O. 12372	
e. Other STATE CL	ARING HOUSE			ROGRAM HAS NO	OT BEEN SELECTED BY STATE	
f. Program Income \$		· UU	17. IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		50,000	☐ Yes If "Yes" att	ach an explanation	n. 🔽 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	WLEDGE AND BELIEF AUTHORIZED BY THE	F, ALL DATA IN THIS APP GOVERNING BODY OF	LICATION/PREAPF	PLICATION ARE T ND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name	do	Mid	dle Name		
Ms. Last Name Collins	Cam	NEN	Suff	fix		
	Development M	la nii a es	c. T	elephone Number	(give area code) 530.542 6078	
d. Signature of Authorized Repre		of Colleis			1 22, 20%	
Daniel Edition (Inchis	winder	1 Jours			Standard Form 424 (Pay 9 2002)	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR				OMB Approval No. 0348-004		
FEDERAL ASSISTANCE		2. DATE SUBMITTED	Y F R R R R R R R R R R R R R R R R R R	Applicant Identifiar		
		24-May-2006		1_		
1. TYPE OF SUBMISSION:		a. DATE RECEIVED 6	Y STATE	State Application Identifier		
Application	Preapplication					
Construction X Non-Construction	Construction Non-Construction		Y FEDERAL AGENCY	Federal Identifier		
APPLICANT INFORMATION						
agal Name:			Organizational Unit:	NA		
San Gabriel Valley		ght Group	<u> </u>			
ddress (give city, county. State 805 East Pine Stree			Name and tolephone:	number of person to be contacted on matters involving		
			1	(626) 293-1805		
Alhambra, CA 91801	L					
EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	In process of	7. TYPE OF APPLICA	ANT: (enter appropriate letter in tox)		
		obtaining EIN from IRS.	A 80000	N.		
TYPE OF APPLICATION:		TIOM ING.	A. State 8. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning		
	. Complete	n Revision	C. Municipal	J. Arivata University		
X Nov	y Continuation	I MEANING	D. Township	K. Incian Tribe		
Abvision, enter appropriate let	ter(a) (n Dox(ab)		E. Interetate	L. Individual		
		1J	F. Intermunicipal	M. Profit Organization		
		reasa Duradon	G. Special District	N. Other (Specify) Nonprofit Citizen Organization		
D. Osichwaie mitation - Giusti	(specity):		B. NAME OF FEDERAL AGENCY:			
			M C Press man	mental Protection Agency		
			U.S. ENVIEON	mental Proceduran Agency		
O. CATALOG OF FEDERAL D	omestic assistanc			tle of applicant's project:		
		66 806	Technical a	ssistance for the San Gabriel		
	water work water	CAL ASSISTANCE		3 Superfund Site.		
Alhambra, San Gabr: California. 3.PHOPOSED PROJECT	14. CONGRESSIONA					
tan Date Ending Date 3/1/2006 9/1/2014	a Applicant 29th	(CA)	b. Project 296	h (CA)		
5, EST)MATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
Endorst	1 #	<u> </u>	DADER 12372 PE	9QCE557		
. Federal	\$ 50,000		B. YES THIS DEED	APPLIGATION/APPLICATION WAS MADE		
. Applicant	\$, 50		ETO THE STATE EXECUTIVE ORDER 12372		
	58,380			FOR REVIEW ON: 5/25/46		
Slate	S	, CE		VIA FAK TO		
Local	s		DAIE	CACIF CRANTS		
			. No PROGRA	AM IS NOT COVERED BY E. O. 12372		
Olher	Z	Cul ,	•	GRAM HAS NOT BEEN SELECTED BY STATE		
Program Income	s	₩	For Rev	ΛΕΨ		
Lindiand mething	13	,···	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?		
TOTAL	\$ 108,382	, ca	1			
			(LOSS, T		
4. TO THE BEST OF MY KNO! MODIMENT HAD BEST! THE Y	WLEDGE AND BELIEF	, all daya in this appli	CATION/PREAPPLICAT	TION ARE THUE AND CORRECT, THE		
TTACHED ASSURANCES IF			TO APPLICANT AND TI	HE APPLICANT WILL COMPLY WITH THE		
Type Name of Authorized Rep		6. The		c. Telephone Number		
Eric Sunada		Executive Dir	ector	(626) 293-1805		
Signature of Authorized Bayre	REGULANVE	THE CONTRACT OF THE CONTRACT O	APTY MARKET PROPERTY AND ADDRESS	e. Data Signed 24-May-2006		
ravious Edition Usable		DECENT		Standard Form 424 (Rev. 7-97)		
Librariand fact and financial	. 1	TTTL/FIME	<i> </i>	A		

MAY 2 5 2006

STATE CLEARING HOUSE

Prescribed by OMa Circular A-102

					- 	
APPLICATION FOR	2. [2. DATE SUBMITTED 5/25/06			Ap	plicant Identifier
FEDERAL ASSISTANCE		3. DATE RECEIVED BY STATE			- C+	ate Application Identifier
1. TYPE OF SUBMISSION		DATE RECEIVED	BYSIAIE		215	ate Application Identifier
Application Preapplication		NATE DECEMEN	BY FEDERAL AG	ENCY	Fo	deral Identifier
☐ Construction ☐ Construction ☐ Construction		DATE RECEIVED	DI FEDERAL AG	ENG I		uerai 10emuliei
⊠ Non-Construction	struction					
6. APPLICANT INFORMATION	18.77 MK 1888 19.00					A. Mary
Legal Name: Yosemite/Sequoia RC&D	1 -	anizational Unit		- F Ab -		
Address (Give City, County, State, and Zip	invo	ie and telephone lving this applica	number tion <i>(Gi</i> ve	or the	person to be contacted on matters code)	
PO Box 415 North Fork, Madera County, California	Rot	yn Smith (559)	877-86	60		
8. EMPLOYER IDENTIFICATION NUMBER (E	IN):	7. TY	PE OF APPLICAN	IT: (Enter	appro	priate letter in box)
9 1 - 2 1 5 5	8 6 6					N
8. TYPE OF APPLICATION		A.	State	H. 1	Indepe	ndent School District
New ☐ Continuation	Revision	₽.	County	1. \$	State C	Control Instit. of Higher Learning
If Revision, enter appropriate letter(s) in	box(es):	C.	Municipal	J,	Private	University
		D.	Township	K . 1	Indlan	Tribe
A Increase Award B. Decrease	e Award		Interstate	Ļ.	Individ	ual
C. Increase Duration D. Decrease	Duration	F.	Intermunicipal	′ M .	Profit (prganization
Other (Specify)		G.	Special District	N.	Other	(Specify) 501c(3) non-profit
	States Departm	ent of Agriculture	a, Forest Service			
10. CATALOG OF FEDERAL DOMESTIC ASSIS			ESCRIPTIVE TITL	E OF APP	LICAN	T'S PROJECT:
1 0 - 7 7 3						
TITLE: Rural Business Opportunity Gra		Dec	Decision Point: Entrepreneurial Training for Agriculture and			
12. AREA AFFECTED BY PROJECT (Cities, co	oundes, states, etc.) Nati	Nature Tourism			
Mariposa, Madera, Fresno, and Tulan						
13. PROPOSED PROJECT: 14. CON	Gressional dis	TRICTS OF:		roject		
Start Date End Date a. Appli		404	D. F	ojeci	C Λ	21 st & CA-19th
9/2006 9/2007	CA-	19th	APPLICATION S	UBJECT		VIEW BY STATE EXECUTIVE ORDER
15. ESTIMATED FUNDING		1	2372 PROCESS?	ODOLO I	, •	
a. Federal \$1062	28	а. `	VES. This preap	plication/	applica	ation was made available to the
b. Applicant \$1390	00		State Exec	cutive Ord	der 123	372 Process for review on:
c. State \$			DATE: 5/26/06			
d. Local \$		b . 1	b. NO. Program is not covered by E.O. 12372 or Program has not been selected by State for review			
e. Other \$		de p	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program \$			YES - If "YES", attach an explanation.			
g. TOTAL \$2452					· —	
18. TO THE BEST OF MY KNOWLEDGE ATTACHED ASSURANCES IF THE ASSIST	SED BA THE GO	VEKNING BODY	OF THE APPLICA	NT AND	THE AF	
a. Type Name of Authorized Representat	tive b. Titl	е				c. Telephone Number
Bob Pickard		ident, Yosemit	e/Sequoia RC8	kD Coun	cil	(559) 877-8660
d. Signature of Authorized Representativ	e					e. Date Signed
Parts Widow D		DEO				5/25/06
Previous Edition Usable		 RECI	VLU			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
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	I WALZ	ಎ ₹000				

X2_RC&D

STATE CLEARING HOUSE

02\52\5000 03:44 EVX 2288778661

MAY 2 - 1006 APPLICATION FOR Version 7/03 2. DATE SUBMITTED STATE CLEARING HOUSE Identifier FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Construction Federal Identifier Construction Non-Construction
5. APPLICANT INFORMATION ☐ Non-Construction Legal Name: Organizational Unit: Department: Mojave Desert-Mountain Resource Conservation and Development Organizational DUNS: 142124994 Division: Address: Name and telephone number of person to be contacted on matters Street: involving this application (give area code) Prefix; Ms First Name: 1525 N. Norma St., Ste., C City: Ridgecrest Middle Name Celestine County: Last Name Thomas Kern State: Zip Code 93555 Suffix: Country: Email: m.rcnd@mchsi.com 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) 77-0497819 760-446-1974 760-446-3743 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) **₽** New Continuation Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Non-Profit 501c3 Other (specify) 9. NAME OF FEDERAL AGENCY: USDA, Natural Resource Conservation and Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inyo County Economic Development Strategic Plan 1 0-7 7 3 TITLE (Name of Program): Rural Business Opportunity Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Inyo County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: Ending Date: a. Applicant 21,22,25,41 b. Project June 30, 2007 21,25 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE

July 1, 2006 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE 50,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON c. State \$ DATE: d. Local \$ PROGRAM IS NOT COVERED BY E. O. 12372 b. No. 🔳 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE 35,389 FOR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes" attach an explanation. 85,389

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix First Name Donna

Middle Name Celeste

Last Name Thomas Suffix b. Title President d. Signature of Authorized Representative

mon

Telephone Number (give area code) 760-446-1974 e. Date Signed M^{α}

2006 Standard Form 424 (Rev.9-2003)

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Prescribed by OMB Circular A-102

		T -	Indian SC	SEP Nation	1 Grant Fund				
APPLICATION FOR			2. Date Submitte	1 (mm/dd/yyyy)	Applicant Identifier	OMB Approval No. 0348-004			
FEDERAL ASSISTANCE			05/22	2/06					
Type of Submis Application		application	3. Date Received	by State (mm/dd/yyyy)	er				
Construction	□ c	onstruction	4. Date Received	by Federal Agency	Federal Identifier				
Non-Constructi	ion 🔲 Ne	on-Construction	(mm/dd/yyyy)	-, r dan ar r gariay	, odd a looking				
5. APPLICANT INF	ORMATION		·						
Legal Name	National Indian Co	ouncil on Aging, inc		Organizational Unit	NICOA - SCS	SEP			
	unty, state, and zip code) ery Blvd., NE, Suite 2 4 87111	10	ECEIVE IAY 2 5 200	Brolleation (give area co Frieda Clark.		eled on mallers involving this			
6. EMPLOYER IDE	NTIFICATION NUM		2 9 200	7. TYPE OF APPLIC		•			
â		3 2 STATE	CLEARING H	I de mane allemane ete en homo ete.	Dax)	N N N N N N N N N			
8. TYPE OF APPLI	ICATION:		· ·	C. Municipal	J. Private Unive K. Indian Tribe	rsily			
- · · · · · -	New	☐ Continuation	Revision	D. Township E. Interstate	L. Individual M. Profit Organiz	alion			
lt Revision, enter appro	opriate letter(\$) in box(ea):		F. Intermunicipal G Special District	N, Nonprofit Q Public Housir	τα Δαθακν			
A. Incraase Award	8 Decree		dase Duretion	H. Independent Schoo	A A.	a recover			
D Decrease Durate	on Other (spe	ecily).		9. NAME OF FEDERAL AGENCY:					
ກີເກ	£7#88-45752	?75		U.S Department of	Labor Employment & Trair Division	ning Administration. Older Worker			
	FEDERAL DOMEST	IC 1 7	2 3 5	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PR	ROJECT:			
ASSISTANCE N	NUMBER: (xx-yyy)		4 3 3	Senior Communil	y Service Employment Pro	gram (\$CSEP).			
TITLE: Senior C	ommunity Service En	nployment Program (\$	SCSEP)		rovide 842 subsidized common for low - income persons - a				
12. AREAS AFFEC	TED BY PROJECT	(cities, counties, stat	los, etc.):	7					
ş	see attached list of co	ounty slots allocations.							
13. PROPOSED PR	OJECT:	14. CONGRESSIO	NAL DISTRICTS O	F:		—————————————————————————————————————			
Star(Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant	•		b Project				
07/01/05	06/30/08								
15. ESTIMATED FL	INDING:		16. IS APPLIC	ATION SUBJECT TO RE	VIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS?			
			a, YES. THI	S PREAPPLICATION/APPLIC TATE EXECUTIVE ORDER 1	CATION WAS MADE AVAILABL 2372 PROCESS FOR REVIEW	E TO THE ON			
-	,369,774 \$929,774		DAT	E (mm/dd/yyyy) —	05/24/00	2			
59,	299,749		b NO □	PROGRAM IS NOT COVER	ED BY E O 12372				
			OR 🗆	PROGRAM HAS NOT BEEN	SELECTED BY STATE FOR R	EVIEW			
			Yes	If "Yes," ellach an exclana	ON ANY FEDERAL DEBT	? ⊠ No			
AUTHORIZED BY THE GOV	KNOWLEDGE AND BELIEF, VERNING BODY OF THE AF	ALL DATA IN THIS APPLICA PLICANT AND THE APPLICA	RTION/PREAPPLICATION	ARE YRUE AND CORRECT. THE	E DOCUMENT MAS BEEN DULY IF THE ASSISTANCE IS AWARDED				
a Typed Name of Auth	prized Representative Tract Mc		***************************************	b Title	e Director	c Telephone number (Include Area Code) (505)292-			
d Signeture of Authoriz		0/10	1 110	(7/ ³		2001 Date Signed (mm/dd/yyyy)			
-	Maca	£/1	tc Clabs	la		05/22/06			
	•								

FROM: Redlands Police

FAX NO.: 9097987538

May. 26 2006 06:11PM P2

Application for	Federal Assis	stance SF-424	***************************************	Version 02
1. Type of SubmissPreapplicationApplicationChanged/Correcte3. Date Received:		★ New	If Revision, select appropriate letter(s). Other (Specify)	
5a. Federal Entity Ide	entifier:		* 5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by	State:	7. State Application	n Identifier:	
8. APPLICANT INFO	RMATION:			
*a. Legal Name: Re	dlands, Ci	ty of		
b. Employer/Taxpay	er Identification N	Number (EIN/TIN):	° c. Organizational DUNS;	A
95	6000766		145556747	
d. Address:				
* Street1: Street2: * City: County: * State: Province:	212 Brook Redlands California	side Avenue	· · · · · · · · · · · · · · · · · · ·	MAY 2 5 2006 STATE CLEARING HOUSE
* Country: * Zip / Postal Code:	United Sta	ates		and the second s
e. Organizational U	nit:		-	
Department Name:	Redlands 1	Police Department	Division Name:	A CONTRACTOR OF THE PROPERTY O
f. Name and contact	Information of	person to be contacted on r	natters involving this application:	
Prefix: Middle Name: * Last Name: Suffix:	F. Hyman	* First Nam	e: Cletus	
Title:	Deputy Cha	- řéf of Police		
Organizational Affiliat	_	Andrew (State Control of Control	anterior del proprio pre est describer a de repropries de la Proprio de Maria de La Companya de Cardon de	2 2
Telephone Number:	(909) 798-	-7622	Fax Number: (909) 79	98 - 75 3 8
* Email:	chyman@rec	llandspolice.org		

racking Number

FAX NO. : 9097987538

May. 26 2006 06:12PM P3

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1:	
C: City or Township Government	
Type of Applicant 2:	
Type of Applicant 3:	
* Other (specify):	
*10. Name of Federal Agency: Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: 16-710	
CFDA Title:	
* 12. Funding Opportunity Number: COPS = OTHER - TECH - 2006 - 1	
Title: COPS Law Enforcement Technology	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Citles, Counties, States, etc.):	
City of Redlands	
VAE. Description Title of Application	
*15. Descriptive Title of Applicant's Project: City of Redlands - Police Communications Center Project	
Attach supporting documents as specified in agency instructions.	

Application	for Fed	leral Assistance SF-42	2 4		
16. Congressio	onal Distri	icts Of:	Been as traffic property control of the special section of		
*a, Applicant	CA-04	.1		* b. Program/Project:	CA-041
Aπach an additio	ional list of	f Program/Project Congression	nal Districts if need	ded.	
17. Proposed P	Project:				
a. Start Date:	07/01	1/2006		* b. End Dale:	11/30/2008
18. Estimated F	Funding (\$	\$):			
a. Federal		987,228.00			
b. Applicant		0.00			
" c. State	_	0.00	_		
d. Local		0.00			
e. Other		0.00			
⁼ f. Program Inc	ome	0.00			
⁴ g. TOTAL		987,228.00	_		
* 20. Is the App O Yes 21. *By signing herein are true, ply with any resubject me to compare the comp	plicant Deli No g this appli e, complete esulting ter criminal, ci	lication, I certify (1) to the st le and accurate to the best o erms if I accept an award. I a civil, or administrative penal	statements contain of my knowledge. am aware that any alties. (U.S. Code,	ined in the list of certifications** and I also provide the required assuran I false, fictitious, or fraudulent state Title 218, Section 1001)	d (2) that the statements inces** and agree to com- ements or claims may
Authorized Rep	presentati	ive:			Standard Form 424 (Hevised 10/2005)
Prefix:			* First Name:	James	Prescribed by OMB Circular A-102
Middle Name:	R.		_		Maria Company of the Artificial Company of t
* Last Name:	Bucern	mann		,	
Suffix:		IICA ALIA		-	
• Title:	Chief	of Police			
* Telephone Nur	ادة في (100)	798-7661		Fax Number: (909) 798	
* Email:	The said that will be the said	rmann@redlandspol	ice.org		
• Signature of Ar	cuthorized [Representative:		* Date Signed:	

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CAVIB Number: 4840-0864 Expiration Clate: 67/31/2008 Application for Federal Assistance SF-424 Version og * f. Typa of Submission: *2 Type of Application: * if Revision, select appropriate telec(a): Preapplication MOW Application Continuation * Other (Specify) Changed/Cornected Application Revision " II. Date Received: 4. Applicant Identifier: Completed by Grants gay upon automission. LOS COYOTES BAND OF INDIANS 5k; Federal Entity Idantifier: * 5b. Federal Award Identifier: Studio Charles Charles: Clarks Received by State; 7. State Application Identifier; #. APPLICANT INFORMATION: * a Legal Name: LOS COYOTES BAND OF INDIANS * b. Employar/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUMS: 95-8401716 014737964 at. Malfaliyanını * Streett: P.O. BOX 189 Street2: * City: WARNER SPRINGS County: RECFIVED
MAY 2 6 2006 * State: CA: Celifornia Province: * Country: USA: UNITED STATES " Zip / Postal Code: STATE CLEARING HOUSE 6. Chrystan katathoraal Arabic Department Name: Olvision Narve: f. Since and contact information of person to be contacted on multies involving this application: Parenta; * First Warne: DIANE NGCASH Marries: MCHENRY * tast Name: Suffic TW6: Cognitivational Affiliation: Telephone Number: 760-432-8667 Fax Number: " Email: claragingrantaccic.com

Application for Federal As	sa biinne 256 - 424			Version uz j					
onforterlege) II (II II	inniggrjekkansennopropsyedillakhianommyorngaptilillikasacammyoriykjirkensemmyorayekjildebocumesenreny York a ras arcete a 24 . A . A	KIIKI(UU) waanowiissiawhen lagi-amantamannamininkii Arkii wanii mantamah daa	mulanet 1931 i rijanimen in Japonim bilatan 1930 SP	ggpus-westenskild):494pmassuumalusjasjastuussuussuumintalijossa ausamaanaman elempis					
16. Cangrossions Districts Of: • b. Program/Project 43									
* а. Астисан 43	nesconsuus sylyteinesen musekullistagy muunsaanidikäjäyynyteelkinakkun jääkytemiseenidriskejkjoymiseeni	agui egil (KE) kanamenayoonnayoyi pigi hii kawamowaminiyoyi pil-barin dacana	esembehisikalleliti empassasas	g. to a second					
Attach an additional list of Program	m/Project Congressional Districts if needed.								
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TT. Programme Project:		a. s 1891 a. a. d. 1891 a. d. 1891	te: 08/31/2	Phys.					
* b. Start Date: 10/01/2006									
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* c. Starba	0.00		1	MAY 2 6 2006					
* d. Local	0.00		l	WW. 1 2 6 E000					
* e. Other	0.00			STATE CLEARING HOUSE					
* f. Program Income	0.00		L						
*g, TOTAL	200,000.00) Review By State Under Executive Order 1	nijanin (4) jiliyetiyyi ji janin waxuu manin manin manin yeke qaanisa na waxuu wanin manin	manusti († 1-4). Henri menement i institu	તામાનું મામન્-નું મુધ્ય કૃત્યાના આપાલન તામા ભાગવાનું કૃતિ છે. માના સામાના ભાગના ભાગના ભાગના માના કૃત્ય કૃત્ય મ					
b. Program is subject to E.O. 12372 but has not been salected by the State for review c. Program is not covered by E.O. 12372. *20. In the Applicant Delinquent On Any Federal Debt? (If "Ves", provide explanation.) Yes V No State V No State V No V V									
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* Signature of Authorized Repre	Servision: Completed by Grants.gov upon examisa		righted by Gri	mecongrammaniana meropapanganganganganganganganganganganganganga					
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Application for Federal A	ssistance SF-424		Version 02
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication	X New		
X Application	Continuation	* Other (Specify)	
Changed/Corrected Application	n Revision		
* 3. Date Received:	4. Applicant Identifier:		
Completed by Grants.gov upon submission	n.		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:			DEOCUED
6. Date Received by State:	7. State Applicat	ion Identifier:	RECEIVED
8. APPLICANT INFORMATION:			MAY 2 6 2006
*a. Legal Name: Senior	Service America, I	Inc.	STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification	ion Number (EIN/TIN):	* c. Organizational DUNS:	STATE OCCAMINATIONOL
52-6048236		84-985-4310	
d. Address:			
* Street1: 8403	Colesville Road		
Street2: Suit	e 1200		
* City: Silv	er Spring		
County:			
* State: Mary	land		
Province:			
* Country:		USA: UNITED STATES	
* Zip / Postal Code: 2091	0-3314		
e. Organizational Unit:			
Department Name:		Division Name:	
Senior Community Serv	ce Employment Program		
f. Name and contact informati	on of person to be contacted o	on matters involving this application:	
Prefix: Mr.	* First N	ame: Anthony	
Middle Name: R.			
* Last Name: Sarmien	to		
Suffix:			
Title: Executi	ve Director		
Organizational Affiliation:			
* Telephone Number: 301	-578-8469	Fax Number: 301-5	578-8947
*Email: tsarmie	nto@ssa-i.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M-Nonprofit with 501(c)(3) IRS status	
Type of Applicant 2: Select Applicant Type:	
·	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Labor / Employment and Training Administration	
11. Catalog of Federal Domestic Assistance Number:	
17.235	
CFDA Title:	
Senior Community Service Employment Program	
* 12. Funding Opportunity Number:	
SGA / DFA-PY 05-06	
* Title:	
Older Americans Act - Solicitation for Grant Applications: Senior Community Service Employment Program National Grants for Program Year 2006	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
See Appendix K of the technical proposal.	
* 15. Descriptive Title of Applicant's Project:	
Promote part-time work-based training opportunities for low-income individuals age 55 and over, and foster increased self-sufficiency.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application 1	or Federal Assistant	e SF-424		Version 02		
16. Congression	nal Districts Of:					
* a. Applicant	MD-004		*b. Program/Project Attached			
Attach an additio	nal list of Program/Project (Congressional Districts if need	ded.			
Attache	d	Add Attachment Delete	Attachesed View Adaityment			
17. Proposed Pr	oject:					
* a. Start Date:	08/01/06		* b. End Date: 06/30/07			
18. Estimated F	unding (\$):					
* a. Federal	88	,859,335.00				
* b. Applicant	9	,873,269.00				
* c. State						
* d. Local						
* e. Other						
* f. Program Inco	ome					
* g. TOTAL	\$ 98,	732,604.00				
* 19. Is Applicat	ion Subject to Review By	State Under Executive Ord	der 12372 Process?			
🕱 a. This applic	ation was made available to	the State under the Executiv	ve Order 12372 Process for review on $05/26/06$.			
b. Program is	subject to E.O. 12372 but I	has not been selected by the	State for review.			
c. Program is	not covered by E.O. 12372					
* 20. is the App	licant Delinquent On Any	Federal Debt? (If "Yes", pr	rovide explanation.)			
Yes	X No Fxp:	anation				
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X **I AGREE						
** The list of cert specific instructi		or an internet site where you r	may obtain this list, is contained in the announcement or agence	·		
Authorized Rep	resentative:					
Prefix:	Mr.	* First Name:	Anthony			
Middle Name:	R.					
* Last Name:	Sarmiento					
Suffix:						
* Title:	Executive Dir	ector				
* Telephone Nur	nber: 301-578-	8469	Fax Number: 301-578-8947			
* Email:	tsarmiento@ss	a-i.org				
* Signature of Au	thorized Representative:	Completed by Grants.gov upon sub	bmission. * Date Signed: Completed by Grants.gov upon submission	i.		

Application f	or Federal Assis	stance SF-424				Versi	on 02
* 1. Type of Subr	mission:	* 2. Type of Application:	* If Revision	n, select appropriate	e letter(s):		
✓ Preapplication	1	✓ New					
Application		Continuation	* Other (Sp	ecify)			
Changed/Corr	rected Application	Revision					
* 3. Date Receive	ed:	4. Applicant Identifier:					
Completed by Grants	s.gov upon submission.						
5a. Federal Entity	y Identifier:		* 5b. F	ederal Award Identif	fier:		
State Use Only:							
6. Date Received	l by State:	7. State Applicati	ion Identifier				
8. APPLICANT II	NFORMATION:					RECEIVED	
* a. Legal Name:	Mental Health Asso	ciation of San Mateo Count	у			MAY 2 6 2006	\prod
* b. Employer/Tax	xpayer Identification N	umber (EIN/TIN):	* c. Org	ganizational DUNS:			T
94-6034112			018735	i159		STATE CLEARING HOUSE	1
d. Address:							J
* Street1:	2686 Spring Stre	eet					
Street2:							
* City:	Redwood City						
County:	San Mateo						
* State:				CA: California			
Province:							
* Country:			USA: UNIT	ED STATES			
* Zip / Postal Cod	de: 94063-3522						
e. Organization	al Unit:						
Department Nam	ne:		Divisio	n Name:			
f. Name and co	ntact information of	person to be contacted o	n matters i	volving this appi	ication:		
Prefix: N	Ms.	* First Na	ame: Melis	sa	<u> </u>		
Middle Name:							
* Last Name: F	Platte						
Suffix:			A CONTRACTOR OF THE CONTRACTOR				
Title: Executive	Director						
Organizational A	ffiliation:						
,	ssociation of San Mate	eo County					
* Telephone Num	nber: (650) 368-3345	5, ext. 136		Fax Number:	(650) 368-9017		
	sap@mhasmc.org						
	Japaniiaoiiio.org						4

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.181	
CFDA Title:	
Supportive Housing for Persons with Disabilities	
* 12. Funding Opportunity Number:	
FR-5030-N-21	
* Title:	
Section 811 Supportive Housing for Persons with Disabilities	
13. Competition Identification Number:	
S811-21	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Redwood City San Mateo California	
* 15. Descriptive Title of Applicant's Project:	
Cedar Street Apartments Construction of 15 apartments for very low income persons with chronic mental illness.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assista	nce SF-424		Version 02			
16. Congression	nal Districts Of:						
* a. Applicant	14		* b. Program/Project	14			
Attach an additio	onal list of Program/Projec	t Congressional Districts if n	eeded.				
		Add Attachment Dele	te Attachment View Attachment				
17. Proposed P	roject:						
* a. Start Date:	05/01/2006		* b. End Date:	05/01/2008			
18. Estimated F	unding (\$):						
* a. Federal		1,500,000.00					
* b. Applicant		100,000.00					
* c. State		0.00					
* d. Local		2,500,000.00					
* e. Other		400,000.00					
* f. Program Inc	ome	0.00					
* g. TOTAL		4,500,000.00					
 ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on							
specific instructi	ons.	, or an internet site where yo	u may obtain this list, is contained in th	e amountement of agency			
Authorized Rep							
Prefix:	Ms.	* First Name:	Melissa				
Middle Name:	Dist						
* Last Name: Suffix:	Platte						
* Title: Execu	tive Director						
* Telephone Nur	mber: (650) 368-3345, ex	t. 136	Fax Number: (650) 368-9	017			
* Email: melis	ssap@mhasmc.org						
* Signature of A	uthorized Representative	Completed by Grants.gov upon s	ubmission * Date Signed: Complete	ed by Grants.gov upon submission.			

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	APPLICATION FOR 2. DATE SUBMITTE FEDERAL ASSISTANCE					MITTED						FCH FFY2006
TYPE OF SUBMI				3. 🖸	ATE RECE	IVED BY ST	State Application Identifier					
Application Construction		Preapp	lication	<u> </u>	ATE DECE	IVED BY EE	DERAL AGE	NCV.	···	Federal Identif	ier	
☐ Non-Constructi	on	⊠ Co	nstruction n-Construction	4. 6	ATE RECE	IVED DI FE	DERAL AGE	101		rederat identiti	161	
5. APPLICANT II	NFORMATI		n-construction							1		
Legal Name:	_									epartment of	Airports	
City of Fresno	· 						Depart	ment:	Airport	S		
Organizational DUNS	s: 17-678	-5079							-	nd Engine	_	
Address:							Name and telephone number of person to be contacted on matters					
Street: 4995 Ea	st Clinto	on Wa	y				involving this application (give area code) Prefix: Mr. First Name: Kevin					
City: Fresno							Middle	Name:				
County: Fresno							Last N	ame: N	Meikle			
State: CA Zip Code: 93727							Suffix:					T
Country: USA							Email:	Kevi	n.Meikle	e@fresno.	gov	
6. EMPLOYER IDI	ENTIFICAT	ION NU	JMBER (EIN):				Phone	numbe	r (give are	ea code):	FAX numb	per (give area code):
9 4 - 6	0 0	0 :	3 3 8						-621-453			59-498-5549
8. TYPE OF APPLIC	ATION:						7. TYF		APPLICA	NT: (See back	of form for	Application Types)
\boxtimes	New [Contin	nuation 🔲 · F	Revision			Other	C]			
If Revision, enter app (See back of form for							Other (specify)			
Other (specify)							9. NAME OF FEDERAL AGENCY					
							Feder	al Av	iation A	\dministra		
10. CATALOG OF	FEDERAL	. DOME	STIC ASSISTA	ANCE NU			I			E OF APPL		
			2 0	- 1	0 6		Fresno Chandler Executive Airport (FCH) - Install AWOS III					
TITLE: AIRPORT IMI PROGRAM (AIP)	PROVEMEN'	T					- Rehabilitate Taxilanes South Side (Design)					
12. AREAS AFFE	CTED BY E	PROJEC	T (cities countie	ae etatae	etc l:					ssessmen	t for Nor	thside
Counties of Fr						nd	Impro	veme	ents			
<mark>Mariposa</mark> 13. PROPOSED P	DO IECT						14 CON	CDES	SIONAL F	DISTRICTS O	F	
Start D				Ending D	ate		a. Applica		SIONAL L	JISTRICIS C	b. Projec	t
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a. Federal	RE	CE	INFD	414,44			a. Yes.	TC	THE STA	TE EXECUTIV	ORDER 12	WAS MADE AVAILABLE 372
o. Applicant	∬ ^{\$} MA	Y 2	6 2006	1	.00			PI	ROCESS FO	OR REVIEW O	N	
. State	\$			21,81	13 .00			DA	ATE: TB [)		
l. Local	STATE CLEARING HOUSE .00						b. No.	☐ PF	ROGRAM IS	S NOT COVER	EDBY E. O.	12372
. Other								RE	EVIEW			TED BY STATE FOR
Program income												DERAL DEBT?
. TOTAL	\$			436,25					ttach an exp			No THE
TTACHED ASSUF	EEN DUL'	Y AUTH	IORIZED BY T	HE GOV	ERNING	BODY O	F THE AP	PLICA	NT AND T	HE APPLICA	NT WILL (COMPLY WITH THE
. Authorized Represe refix Mr	ntative	First	Name Russ	ell				-	Middle	Name C.		
ast Name Widma	ar	1 / 110							Suffix			
. Title Director o		on	^ /	1				c. Telephone number (give area code) 559-621-4600				
. Signature of Autho	orized/Repr	resentat	ive (1) is	MI	02	A STATE OF THE PARTY OF THE PAR	ø			Signed	4-19-0	06

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Version	 11.5
A CI 21011	 UU

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier	version 7/0
				State Applicati	3-06-0087-F	YI FFY2006
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identif		
Construction	Construction	4. DATE RECEIVED E	STILDENAL ACEIVOT	T odorar idona.		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			1		
Legal Name:		<u> </u>	Organizational Unit:			
City of Fresno			Department: Airport	ts		
Organizational DUNS:	5070		Division:	and Engineering	1	
17-678- Address:	5079		Name and telephone	number of per	rson to be contact	ed on matters
Street: 4995 E Clinton Way			involving this applic	ation (give area	a code)	
-			Mr.	First Name.	Kevin	
City: Fresno			Middle Name			
County:			Last Name Meikle			
Fresno State:	Zip Code		Suffix:	,		
CA Country:	93727		Email:			
			kevin.meikle	e@fresno.gov	F No.	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a		Fax Number (give a	rea code)
94-6000338			559-621-		559-498-5549	
8. TYPE OF APPLICATION:	٠,	W	7. TYPE OF APPLICA	AMI: (See back	of form for Applica	tion Types)
✓ Nev f Revision, enter appropriate lett		n Revision	С			
See back of form for description			Other (specify)			
Other (specify)			9. NAME OF FEDERA		deral Aviation Admir	nietration
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI			
		20-106	Fresno Yosemite Inte			
TITLE (Name of Program):		2 0 = 1 0 6	Modify Terminal, Reh Install Access Control			
Airpo	ort Improvement Program		- Install Access Control	Oystom at pom	notor gates.	
Counties of Fresno, Madera, Tu	, ,	,				
13. PROPOSED PROJECT	nare, Mings, Merceu, and		14. CONGRESSIONA	L DISTRICTS C	OF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
6/2006 15. ESTIMATED FUNDING:	6/200)9	18th	SUBJECT TO	18th REVIEW BY STATE	EXECUTIVE
			ORDER 12372 PROCI	ESS?		
a. Federal	CEN/FD	3,580,129			APPLICATION WAS TE EXECUTIVE OF	
o. Applicant	RECEIVED	188,428	PROCES	S FOR REVIEW	ON	
c. State \$	MAY 2 6 2006	100,420	DATE:	TBD		
d. Local \$	WAI 2 0 2	00	PROGRAI	M IS NOT COVE	ERED BY E. O. 123	72
i. Eddai	ATE CLEARING HO	JSE 00	D. NO. II.			
e. Other	ATE CLLAIM OF THE		FOR REV	IEW	BEEN SELECTED	
. Program Income \$.00	17. IS THE APPLICAN	IT DELINQUEN	IT ON ANY FEDER	AL DEBT?
j. TOTAL \$		3,768,557	Yes If "Yes" attach	an explanation.	☑ No	
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	AUTHORIZED BY THE G	ALL DATA IN THIS AP	PLICATION/PREAPPLIC THE APPLICANT AND	CATION ARE THE APPLICAN	RUE AND CORRECT IT WILL COMPLY I	T. THE WITH THE
. Authorized Representative			h #: J - U - 1			
Prefix Mr.	First Name Russell		Middle I	Name C.		
ast Name Widmar			Suffix	AAE		
Title /				hone Number (g	give area code)	
Director of Aviation Signature of Authorized Repres	sentative	1 1		621-4600 Signed 3 //	7/00	
Ihr		for Russell	Widma	3//	7/06 Standard Form 42	4 (Dec: 0.0000)
revious Edition Usablé uthorized for Local Reproductior	, / ′	•		,	Standard Form 42 Prescribed by OMB	

tha kage resised 12		j			1	Version 7/0
APPLICATION F FEDERAL ASSIS			2. DATE SUBMITTED Febru	ary 9, 2006	Applicant Ide	06-0087-FYI FFY2006
TYPE OF SUBMISSI Application	ON:	***	3. DATE RECEIVED BY S	TATE	State Applica	ation Identifier
□ Construction □ Non-Construction		nstruction	4. DATE RECEIVED BY FE	EDERAL AGENCY	Federal Iden	lifier
5. APPLICANT INFO		n-Construction				
Legal Name:			**************************************	Organizational	Unit: Department of	f Airports
City of Fresno				Department: A	irports	
Organizational DUNS: 1	7-678-5079			Division: Proje	ects and Engin	eering
Address:						erson to be contacted on
Street: 4995 East	Clinton Way	y		Prefix: Mr.	ng this application First Name:	
City: Fresno		***		Middle Name:		
County: Fresno	•			Last Name: Me	eikle	
State: CA		Zip Code: 9372	.7	Suffix:		
Country: USA				Email: Kevin.	Meikle@fresno	.gov
6. EMPLOYER IDEN	TIFICATION NU	JMBER (EIN):		Phone number (give area code):	FAX number (give area code):
9 4 - 6	0 0 0 3	3 3 8		559-6	21-4536	559-498-5549
8. TYPE OF APPLICATI	ON:		MANAGE TO A STATE OF THE STATE			ck of form for Application Types)
⊠ Nev	v \square Contir	nuation	rision	C	MUNICIPAL	
If Revision, enter appropr (See back of form for des	riate letter(s) in bo	ox(es):		Other (specify)		
Other (specify)	,		<u> </u>			
					DERAL AGENCY	ation
10. CATALOG OF FE	DERAL DOME	STIC ASSISTAN	CE NUMBER		ition Administr VE TITLE OF APPI	LICANT'S PROJECT:
		2 0 -	1 0 6		mite Internation	
TITLE: AIRPORT IMPRO	OVEMENT					Program Acoustically
PROGRAM (AIP)					idences in the 6	5-75 CNEL Contours of the
12. AREAS AFFECT	ED BY PROJEC	CT (cities, counties,	states, etc.):	→ NEM.		
13. PROPOSED PRO				14. CONGRESSI	ONAL DISTRICTS	OF
Start Date 6/2006			inding Date 9/2008	a. Applicant 18TH		b. Project
15. ESTIMATED FUN		,	9/2000		ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
			Jho ooo .00	ORDER 12372 PF		
a. Federal	BEC	\	μ0,000	AVA	ILABLE TO THE STAT	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b. Applicant	SILLO		05,263 ^{.00}	PRC	CESS FOR REVIEW	ON
c. State	\$ MAY 2	2 6 2006	.00	DAT	E: TBD	
d. Local	\$	+ ****	.00		GRAM IS NOT COVE	
e. Other		ARING HOUSE	_1	REV	IEW	BEEN SELECTED BY STATE FOR
f. Program income	\$.00	17. IS THE APPLIC	CANT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$		05,263 ^{.00}	☐Yes If "Yes" atta		⊠ No
	EN DULY AUTI	HORIZED BY THE	GOVERNING BODY			E TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE
a. Authorized Representa						
Prefix Mr	Firs	st Name Russel	<u> </u>		Middle Name C.	
Last Name Widmar b. Title Director of	Aviation					ber (give area code)
d. Signature of Authoriz	zed Representa	ative	· Math		559-621-4600 e. Date Signed —	chrum 8 2006
			T VI 1111 / 11 / 100 /			THURS . NOD

Previous Editions Not Usable Authorized for Local Reproduction

PAGE Ø4

						Version 02
Application for Fe	deral Assis	tance SF-424				
1. Type of Submission	12 .	- 2. Type of Application:	* If Revision, sele	act appropriate lette	er(s):	RECEIVED
Preapplication		✓ New	45 - 45			The Olm V lears land
Application		Continuation	· Other (Specify)			MAY 3 0 2006
Changed/Corrected	Application	Revision				CTATE OF FARING HOUSE
3. Date Received:		4. Applicant Identifier:		-		STATE CLEARING HOUSE
Completed by Grants.gov up	on submission.	N/A				
5a. Federal Entity Iden	tlfier:			Al Award Identifier:		
N/A			946000374			
State Use Only:						
6. Date Received by S	State:	7. State Applicat	lon Identifier:			
B. APPLICANT INFO						
		olice Department				
			° c. Organi	zational DUNS:		
* b. Employer/Taxpay	ar Identification	Number (Ella) Ha).	152974544			
946000374	(I) F					
d, Address:						
- Street1:	600 Tenth Stra					
Street2:	P.O. Box 1746	3		.,-		
* City:	Modesto Stanislaus	1,00				
County: * State:	Stanislaus	-	C	A: California		
Province:	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
* Country:			USA: UNITED	STATES		
• Zip / Postal Code:	95353		,			
e. Organizational L	Jnit:				ı	
Department Name:			Division N	lame:		
Police Department			Administr	ation		
	et information	of person to be contacted	on matters inv	olving this appli	ation:	
			Name: Karen	1111	, , , , , , , , , , , , , , , , , , ,	4
Prefix: Mrs						
* Last Name: Rab		h A			1	,,
Suffix:						
Title: Administrati	ve Analyst					
			, and a second			
Organizational Affili			, ··		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• Talashara Abara	er: (209) 572-9	1523		Fax Number:	(209) 572-9669	
* Telephone Number			A **-			
* Email: rabbk@	modestopd.com	n ,		At 1 state		

the day Sederal Assistance SF-424		Version 02
oplication for Federal Assistance SF-424		,
Type of Applicant 1: Select Applicant Type: C: City or Township Government		}
pe of Applicant 2: Select Applicant Type:]
	1 4	
pe of Applicant 3: Select Applicant Type:		
Other (specify):		
		<u> </u>
10. Name of Federal Agency:		
community Oriented Policing Services		-
1. Catalog of Federal Domestic Assistance Number:		
T. Olimes		
CFDA Title:		
	,	
		· · · · · · · · · · · · · · · · · · ·
12. Funding Opportunity Number:		
COPS-OTHER-TECH-2006-1		
Title:		
COPS Law Enforcement Technology		
13. Competition Identification Number:		
Title:]
		,
14. Areas Affected by Project (Cities, Counties, States, etc.):		٦
	17	
* 15. Descriptive Title of Applicant's Project:		_
Computer Aided Dispatch (CAD)/Integrated Public Safety System (IPSS)		
Attach supporting documents as specified in agency instructions.		
ACCUMENTAL TOOLS AND		- Colonia de la

6. Congressional Districts Of: a. Applicant 18 Attach an additional list of Program/Project Congressional Districts if needed.	b. Program/Project 18
each an additional list of Program/Project Congressional Districts if needed.	
Conc'r Ararbii	
Delcte Attachn	nent. View Attachmont
. Proposed Project:	- Table 200
. Start Date: 10/01/2006	* b. End Date: 09/30/2009
. Estimated Funding (5):	
395,000.00 395,000.00	
. Applicant 0.00	
. State 0.00	·
0,00	
e, Other	
f. Program Income 0.00	
g, TOTAL 395,000.00	
c. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yea", provide	explanation.)
* 20. is the Applicant Delinquent On Any Federal Debt? (If "Yea", provide Yes Vo Explanation	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide	n the list of certifications** and (2) that the statements liso provide the required assurances** and agree to ny false, fictitious, or fraudulent statements or claims
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provided Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained I nerein are true, complete and accurate to the best of my knowledge. I accomply with any resulting terms if I accept an award. I am aware that any subject me to criminal, civil, or administrative penalties. (U.S. Code Yes LAGREE	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provided Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained I need are true, complete and accurate to the best of my knowledge. I accomply with any resulting terms if I accept an award. I am aware that are may subject me to criminal, civil, or administrative penalties. (U.S. Code *I AGREE* **The list of certifications and assurances, or an internet site where you may	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of
20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provided Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained I berein are true, complete and accurate to the best of my knowledge. I accomply with any resulting terms if I accept an award. I am aware that all may subject me to criminal, civil, or administrative penalties. (U.S. Code *I AGREE** The list of certifications and assurances, or an internet site where you may appecific instructions.	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provided Yes No Explanation 11. *By signing this application, I certify (1) to the statements contained I derein are true, complete and accurate to the best of my knowledge. I accomply with any resulting terms if I accept an award. I am aware that all may subject me to criminal, civil, or administrative penalties. (U.S. Code ** I AGREE** The list of certifications and assurances, or an internet site where you may repectific instructions. Authorized Representative:	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provided Yes No Explanation 1. *By signing this application, I certify (1) to the statements contained I serein are true, complete and accurate to the best of my knowledge. I accomply with any resulting terms if I accept an award. I am aware that any subject me to criminal, civil, or administrative penalties. (U.S. Code **I AGREE* **The list of certifications and assurances, or an internet site where you may specific instructions. **Authorized Representative: **Prefix:	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provided Yes	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provided Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained I berein are true, complete and accurate to the best of my knowledge. I accomply with any resulting terms if I accept an award. I am aware that all any subject me to criminal, civil, or administrative penalties. (U.S. Code I are I AGREE ** The list of certifications and assurances, or an internet site where you may specific instructions. **Authorized Representative: Prefix:	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provided Yes	n the list of certifications** and (2) that the statements also provide the required assurances** and agree to my false, fictitious, or fraudulent statements or claims at the control of

APPLICATION FOR				<u></u>	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	26, 2006	Applicant Ident	ifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identifi	er
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:	
"	ICIL ON AGING, INC.		Department:		
			Division:		
Organizational DUNS: 07-	4838848		WC	ORKFORCE DEVELO	
Address:				phone number of per application (give area	rson to be contacted on matters
Street: 300 D STREET,	SW SUITE 801		Prefix: MR.	First Name:	DONALD
City:	1		Middle Name	1	
WASHINGTON County:	·		Last Name	L .	
				DAVIS	
State: DC	Zip Code 20024		Suffix:		
Country:			Email:	onald.davis@ncoa.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number		Fax Number (give area code)
			(202	2) 479-6640	(202) 479-0735
13-1932384 8. TYPE OF APPLICATION:	<u> </u>		7 TYPE OF AP	PLICANT: (See back	of form for Application Types)
8. TTPE OF APPLICATION.	v 🗓 Continuation	n Revision		•	, с. т.
If Revision, enter appropriate lette	er(s) in box(es)	II a Hevision		OT-FOR-PROFIT	
(See back of form for description	of letters.)		Other (specify)		
Other (specify)	لسا		9. NAME OF FI US DOL	EDERAL AGENCY: -EMPLOYMENT AND	TRAINING ADMINISTRATION
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		17-235	EMPLOYMENT	ER THE SENIOR COM FPROGRAM IN VARI POSITION BID FORM	OUS STATES AS IDENTIFIED IN
SENIOR COMMUNITY SERVICE			- LABORIA,		•
12. AREAS AFFECTED BY PROSTATE OF CALIFORNIA	OJECT (Cities, Counties	s, States, etc.).			
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	
Start Date:	Ending Date:		a. Applicant	ALL	b. Project ALL
AUGUST 1, 2006 15. ESTIMATED FUNDING:	JUNE 30, 2007		16. IS APPLICA		REVIEW BY STATE EXECUTIVE
		00	ORDER 12372	PROCESS?	
a. Federal	NED \	26,752,560			/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	-06		PR	OCESS FOR REVIEV	V ON
c. State	3 0 2006	.00	DA	TE: MAY 24, 2006	
d. Local	NING HOUSE	2,972,507 ·	b. No. 🌐 PR	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other	3 O LEARING HOUSE	.00		PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income		.00	17. IS THE API	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		29,725,067 ·	1	attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREATHE APPLICANT	APPLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative				Middle News	
Prefix MR.	First Name JAME	:S		Middle Name PAl	JL
Last Name FIRMAN				Suffix	
b. Title PRESIDE				c. Telephone Number (202) 479-6601	(give area code)
d. Signature of Authorized Repre	sentative			e. Date Signed	

Version 7/03

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED	006	Applicant Identifler
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier
Application	Preapplication			·
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION				V V
Legal Name:		And the second s	Organizational Unit:	
	Vetinummo.	2 gartage	Business	Services
Address (give city, county, State,	and zin code).	CMIDICI	Name and telephone	number of person to be contacted on matters involving
539 Brynn	4 54.,4302		this application (give a	rea code)
SF, CA	FOINF		Tadd Scho	fer (415-442-4304)
6. EMPLOYER IDENTIFICATION				ANT: (enter appropriate letter in box)
				M
717 - 0141815	BITIT		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B, County	I. State Controlled Institution of Higher Learning
N No.	Continuation	Revision	C. Municipal	J. Private University
⊠ Nev	Continuation	☐ Mediajoji	D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
		J LJ,	F, Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other		, _ , _ , _ , _ , _ , _ , _ , _ , _		
	-,,,		9. NAME OF FEDERA	AL AGENCY:
				f Commerce / EDA
~~~			U.S. VEPT O	7 Commerce > E DA
10. CATALOG OF FEDERAL D  Community  TITLE: Capacit  12. AREAS AFFECTED BY PRO			Providing to Sma	TLE OF APPLICANT'S PROJECT:  Business Advisory Services  Il Businesses in low-income  of Los Angeles
Los Angeles 13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Chart Data Ending Data	A Aprilland		In Dealand	
Start Date Ending Date	a. Applicant		b. Project	CA 35 CA-37
15. ESTIMATED FUNDING:	CA-08		CA SA	CA-35 CA-37 SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			1	<b>1</b>
	T. ———	00	ORDER 12372 PF	ROCESS?
a. Federal	\$ 50 000			A TO A TICANA DE LO ATICANA MA DE
	50,000	90		APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	.**	i .	E TO THE STATE EXECUTIVE ORDER 12372
	<u> </u>		PROCESS	FOR REVIEW ON:
c. State	\$ 115 222	,		
d. Local	115,000	08	- DATE -	
d. Local	\$	,		
e. Other	\$ 05	-00		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
	85,000		FOR RE	VIEW
f. Program Income	\$	.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 250,000	· · · · · · · · · · · · · · · · · · ·	Yes if "Yes,"	attach an explanation. 🔯 No
18. TO THE BEST OF MY KNO			CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
	AUTHORIZED BY THE G	OVERNING BODY OF TH		HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title	<u> </u>	c, Telephone Number
1 -	N OND INDING	GFO THE		
d. Stonature of Authorized Repre	contailus	TRACH		415-442-4307
The second of the second secon	SPERIMINA	ILLVEIV	'CU	e. Date Signed 5.30.06
Previous Edition Usable Authorized for Local Reproduction	· ·	MAY 3 0 2	2006	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
Local Hopfoddon		200 TO THE TOTAL THE TOTAL TO T		1 JUNE HARD OF CHILD OF COLOR AT TOE
		STATE CLEARING	HOUGE	

•		•			Version 7/03
APPLICATION FOR		2. DATE SUBMITTED &	12. 101	Applicant Ident	fier .
FEDERAL ASSISTANCE		3. DATE RECEIVED BY	26 06	State Application	on Identifier
1. TYPE OF SUBMISSION:	Pre-application	1 .		Y Federal Identifi	Ar.
Application	Gonstruction	4. DATE RECEIVED BY	FEDERAL AGEN	A Legelal Identili	
Mon-Construction	Non-Construction	7 %			
5. APPLICANT INFORMATION		· .	Organizational L	Init:	·
Legal Name:	nia ReLeat	·	Department		, 41
10000		·	Division:		
	6635212		Name and telep	hone number of per	rson to be contacted on matters
Address: Street:	14 52 )	1 1 3		pplication (give are	M -ta
260 Ku	ssell Blvd.	Suite B	Middle Name		Marina
City: Davis				<u>J.</u>	
County:			Last Name	zonott _	
State:	Zip Code 95 61	1.	Suffix:		
Country: III A	1 10101	<u> </u>	Email: MAZA	rolf DCalife	min relation
6. EMPLOYER IDENTIFICATION	W MUMBER (EIN).		Phone Number (	give area code)	Fax Number (give area cece)
			530.767	7333	630.757.7328
90-0138904 8. TYPE OF APPLICATION:	11		7. TYPE OF API	PLICANT: (See bac	k of form for Application Types)
汉 Ne	w Continuation	n Revision	. W	- nonproti	+ organization
if Revision, enter appropriate let (See back of form for description	tter(s) in box(es)		Other (specify)		J
Coco Dack of John St. Comp.		. <b></b>	O NAME OF FE	DERAL AGENCY:	
Other (specify)			S. NAME OF TE		CANT'S PROJECT:
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN		1 4	4	
		10-675	1134,3+a	NKE to com	munity-based
TITLE (Name of Program): U	,	1 10 1 = 7 1	urban	to costry	Diganizations -
12. AREAS AFFECTED BY PE		s, States, etc.):	through	Mentoune	I funding research.
Californi	<u> </u>		,	HONAL DISTRICTS	
13. PROPOSED PROJECT	Ending Date: -1	31/09	a. Applicant	N. 15+	b. Project Statewide
16. ESTIMATED FUNDING:	7	21/07	16. IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
	<u> </u>		ORDER 12372 F	ROCESS?	NAPPLICATION WAS MADE
a. Federal	<u>-</u>	27,150	a. Yes. AVA	ILABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant		18,450	PRO	CESS FOR REVIEN	WON
c. State	<b>1</b> 2	au	OAT	E: 5/26/06	
d. Local		, DU	b. No. T PRO	GRAM IS NOT CO	ERED BY E. O. 12372
e, Other		<b>A</b> 1 C = :	T OR		T BEEN SELECTED BY STATE
f. Program Income		<u> </u>	17. IS THE APP	REVIEW LICANT DELINQUE	INT ON ANY FEDERAL DEBT?
					<b>-</b>
g, TOTAL		55,290		attach an explanation	
18. TO THE BEST OF MY KN	WLEDGE AND BELIE	F, ALL DATA IN THIS API E GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE	NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.			<u> </u>
a. Authorized Representative	First Name	1tha		fiddle Name J	***
Prefix M6.	7/16	Tha		Suffix	
UEDNO	<u> </u>	<u> </u>		. Telephone Number	/ (dive area code)
5. Title Executive	Diector			<u>550.75</u>	7 7333
d. Signature of Authorized Repr	resentative Min			. Date Signed	5/26/06
Previous Edition Usable	ion	FORIN	IED		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
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VE	rsio	M /	π.

Survey of Submission:   Application   Pre-application   Pre-application   Date Received by STATE   State Application Identifier   Application   Date Received by Federal Agency   Federal Identifier   Pre-application   Date Received by Federal Agency   Federal Identifier   Pre-application   Date Received by Federal Identifier   Pre-application   Date Received   Pre-application   Date Received	APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	Version 7/03
Application   Pro-application   Rostruction   Construction   Non-Construction   Non-Const			May 22, 2006			
Construction   Cons		Pre-application				
Superilication   Supe			4. DATE RECEIVED BY	FEDERAL AGENC	Y   Federal Identif	ier
Logal Name: Accidation Nedicinal Pro Personas Mayores/Nat. Association For Hispanic Eldery Organizational DUNS: Organizational DUNS: O20736880  Address: Street: 234 E. Colorado Boulevard, Sulte 900  Address: Street: 234 E. Colorado Boulevard, Sulte 900  Address: Street: 235 E. Colorado Boulevard, Sulte 900  Address: Street: 236 E. Colorado Boulevard, Sulte 900  Address: Street: 237 E. Colorado Boulevard, Sulte 900  Address: Street: 238 E. Colorado Boulevard, Sulte 900  Address: Street: 238 E. Colorado Boulevard, Sulte 900  Address: Street: Stre	Non-Construction	Non-Construction				
Asociación Vacional Pro Prisonas Mayores/Nat. Association For Hispanic Liciary Cogniziational DUNS Cogniziational DUNS Cogniziational DUNS Cogniziational DUNS Cogniziational DUNS Cogniziational DUNS Cogniziational Control Duns Cogniziational Control Duns Cogniziational Control Duns Cogniziational Control Duns Cogniziational Cogniziati				Organizational U	nit:	
Address: Street: Stree	Asociacion Nacional Pro Person	as Mayores/Nat. Assoc	iation For Hispanic Elderly	Department:		·
Involving this application (give area code)	Organizational DUNS: 020736	8880		Division:		
234 E. Colorado Boulevard, Sulte 300  City Chry Carmela						
Middle Name   County   Count		te 300		Prefix:	First Name:	a code)
Last Name   Last	City:	***		Middle Name	Carmeia	
Static   S	County:			Last Name		
California 9101-2213  Country, United States 6. EMPLOYER IDENTIFICATION NUMBER (E/N): anphre@aol.com 9 5 - 6 5 2 7 3 0 0 0		Zip Code				
United States    Applicant   Community Service Employment Program	California	91101-2213				
8. TYPE OF APPLICATION:    New	United States			anppm@aol.com		
STYPE OF APPLICATION:   Now   Continuation   Revision	6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		1	ve area code)	, ,
Revision						
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)  Not For Profit Corporation  9. NAME OF FEDERAL AGENCY: Department of Labor/Employment & Training Administration  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  To operate a Senior Community Service Program under Title V of the Older Americans Act of 2000. The project will promote part-time work-based training opportunities in local communities for unemployed, low-income individuals who are 55 and over, and foster increased prospects for their economic self sufficiency.  Alternative Applicant Service Program under Title V of the Older Americans Act of 2000. The project will promote part-time work-based training opportunities in local communities for unemployed, low-income individuals who are 55 and over, and foster increased prospects for their economic self sufficiency.  Alternative Applicant Service Program under Title V of the Older Americans Act of 2000. The project will promote part-time work-based training opportunities in local communities for unemployed, low-income individuals who are 55 and over, and foster increased prospects for their economic self sufficiency.  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Alternative Applicant Service Project Serv		<b>***</b>	· ·	7. TYPE OF APPI	_ICANT: (See bac	k of form for Application Types)
Other (specify)  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Atizona, California, District of Columbia, Louisiana, Pennsylvania  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  16. Applicant  17. In Applicant  18. PROGRAM HAS NOT BEEN SELECTED BY STATE  19. TOTAL  19. TOTAL  10. OR PROGRAM HAS NOT BEEN SELECTED BY STATE  15. TO PROGRAM HAS NOT BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT ON ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. A Signature of Althorized Representative  19. Previous Edition Usable  Standard Form 424 (Rev.9-2003)  Standard Form 424 (Rev.9-2003)			on L. Revision	0		·
Other (specify)  9. NAME OF FEDERAL AGENCY: Department of Labor, Engloyment & Training Administration  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. CATALOG OF FEDERAL AGENCY: Department of Labor. To operate a Senior Community Service Program under Title V of the Older Americans Act of 2000. The project will promote part-time work-based training opportunities in local communities for unemployed, low-hoscen individuals who are 55 and over, and foster increased prospects for their economic self sufficiency.  13. PROPOSED PROJECT Start Date: Ge/30/2007  14. CONGRESSIONAL DISTRICTS OF: a. Applicant Defended Program Index December 14. CONGRESSIONAL DISTRICTS OF: a. Applicant Date: Ge/30/2007  15. ESTIMATED FUNDING:  16. Applicant December 14. CONGRESSIONAL DISTRICTS OF: a. Applicant December 15. Project CA29 See Attached CA29 See Attached See Attached SI SAPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006  16. Local General Date: General Date	(See back of form for description	of letters.)	П		noration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11.7 - 2.3 5 TITLE (Name of Program) Senior Community Service Employment Program Senior Community Service Employment Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arizona, California, District of Columbia, Louisiana, Pennsylvania 13. PROPOSED PROJECT Start Date: 06/30/2007 15. Estimated Funding 0.6/01/2006 15. ESTIMATED FUNDING: 0. Applicant 0. State 0. Applicant 0. Applica	Other (specify)			9. NAME OF FED	ERAL AGENCY:	
TITLE (Name of Program): Senior Community Service Program under Title V of the Older Americans Act of 2000. The project will promote part-time vork-based training opportunities in local communities for unemployed, low-hosed set in such communities for unemployed, low-hosed set such set set in local communities for unemployed, low-hosed set such set set in local communities for unemployed, low-hosed set such set set in local communities for unemployed, low-hosed set such set set in low-hosed set such set set in low-hosed set such set set in low-hosed set such set	40. CATALOG OF FEDERAL	OMESTIC ASSISTAN	CE NUMPED.			
TITLE (Name of Program): Senior Community Service Employment Program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arizona, California, District of Columbia, Louisiana, Pennsylvania  13. PROPOSED PROJECT Start Date: Go/701/2006	10. CATALOG OF FEDERAL I	JOWESTIC ASSISTAN				
Senior Community Service Employment Program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  13. PROPOSED PROJECT  Start Date:  06/30/2007  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: May 19, 2006  16. Use APPLICATION APPLICATION WAS MADE  1. STATE SLEARING HOUSE  2. STATE SLEARING HOUSE  3. TOTAL  3. TOTAL  3. TOTAL  3. TOTAL  4. STATE SLEARING HOUSE  5. TOTAL  5. TOTAL  5. TOTAL  5. TOTAL  5. STATE SLEARING HOUSE  1. STATE SLEARING HOUSE  2. STATE SLEARING HOUSE  3. STATE SLEARING HOUSE  4. AUBICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372  AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  PROCESS FOR REVIEW ON  DATE: May 19, 2006  5. NO. III PROGRAM HAS NOT COVERED BY E. O. 12372  1. STATE SLEARING HOUSE  1.	TITLE (Name of Program):	•	1 7 - 2 3 5	Older Americans	Act of 2000. The p	roject will promote part-time
Arizona, California, District of Columbia, Louisiana, Pennsylvania  13. PROPOSED PROJECT Start Date: 06/30/2006 06/30/2007 CA29 See Attached 15. ESTIMATED FUNDING: a. Federal b. Project 06/30/2007 CA29 See Attached 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other STATE SLEARING HOUSE f. Program Income  STATE SLEARING HOUSE 1,6494,229 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  G. TOTAL 16,494,288 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICANT ON ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Fresident/CEO G. Telephone Number (give area code) 626/554-1988 G. Date Signed May 22, 2006 Standard Form 424 (Rev.9-2003)	Senior Community Service Emp					
13. PROPOSED PROJECT Start Date: 06/30/2006 06/30/2007 15. ESTIMATED FUNDING: a. Applicant CA29 See Attached 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 d. Local e. Other STATE SLEARING HOUSE f. Program Income STATE 1,649,429 17. IS THE APPLICATION PREDICATION ANY FEDERAL DEBT? g. TOTAL 16,494,288 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL 16,494,288 17. IS THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative For Review First Name Carmela  G. Standard Form 424 (Rev. 9-2003)		•	•	prospects for their	r economic self suff	ficiency.
Start Date: 08/01/2006  In the control of the contr		olumbia, Louisiana, Per	ınsylvania	14 CONGRESSIO	NAL DISTRICTS	OE:
15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal  b. Applicant  c. State  MAN 3 0 2006  d. Local  e. Other  STATE GLEARING HOUSE  f. Program Income  state  1,649,429  f. Program Income  state  1,649,429  f. Program Income  state  1,649,429  f. Program Income  state  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428  1,649,428				a. Applicant	OITAL DIOTRIOTO	b. Project
a. Federal b. Applicant c. State MAN 3 0 2006  d. Local e. Other f. Program Income g. TOTAL s 16,494,288  11,6494,288  12, TOTAL s 16,494,288  13, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION WAS MADE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ASSISTANCE IS AWARDED. a. Authorized Representative Brefix First Name Lacayo b. Title Fresident/CEO G. Standard Form 424 (Rev.9-2003)  Previous Edition Usable  ORDER 12372 PROCESS? THIS PREAPPLICATION/PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 19, 2006 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW TI. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Yes if "Yes" attach an explanation.  No Middle Name G. C. Telephone Number (give area code) 626/564-1988 e. Date Signed May 22, 2006  Standard Form 424 (Rev.9-2003)		06/30/2007			ION SUBJECT TO	1
b. Applicant  c. State  MA\$ 3 0 2006  DATE: May 19, 2006  DATE: Ma				400TO DE	005000	
C. State  MAN 3 0 2006  DATE: May 19, 2006  DA	a. Federal	EIVED	14,844,859		-, (DEE 10 111E 01	= =, (=00 = 0 =
d. Local  e. Other  STATE SLEARING HOUSE  1,649,429  DO R PROGRAM IS NOT COVERED BY E. O. 12372  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  DOR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Authorized Representative Brefix First Name Carmela  C. Telephone Number (give area code) 626/564-1988  d. Signature of Authorized Representative  Previous Edition Usable  Standard Form 424 (Rev.9-2003)		20006				VOIV
e. Other    STATE   CLEARING HOUSE   1,649,429   1,649,429   1,649,429   1,649,429   1,649,429   1,649,429   1,649,429   1,649,429   1,649,429   1,649,428   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,6494,288   1,64	MAI		. 00		•	/FRED BY E. O. 12372
f. Program Income  f. T. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Incomplete In	e Other STATE	LEARING HOUSE		b. No.		
g. TOTAL  16,494,288  16,494,288  16,494,288  16,494,288  16,494,288  17 Yes If "Yes" attach an explanation.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Authorized Representative  Prefix  First Name Carmela  Suffix  C. Telephone Number (give area code) 626/564-1988  d. Signature of Authorized Representative  Previous Edition Usable  Standard Form 424 (Rev.9-2003)				FOR	REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Authorized Representative  Prefix    Authorized Representative   First Name Carmela   Middle Name G.	Ŭ .					
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Authorized Representative  Prefix Dr.  Last Name Carmela  Suffix  C. Telephone Number (give area code) 626/564-1988  d. Signature of Authorized Representative  Previous Edition Usable  Standard Form 424 (Rev.9-2003)	-	=5.0= AND BELLE			•	
Brefix First Name Carmela Middle Name G.  Last Name Suffix  b. Title President/CEO C. Telephone Number (give area code) 626/564-1988  d. Signature of Authorized Representative e. Date Signed May 22, 2006  Previous Edition Usable Standard Form 424 (Rev.9-2003)	DOCUMENT HAS BEEN DULY	<b>AUTHORIZED BY THE</b>	GOVERNING BODY OF	THE APPLICANT A	AND THE APPLICA	NT WILL COMPLY WITH THE
Last Name Lacayo b. Title President/CEO d. Signature of Authorized Representative  Previous Edition Usable  Suffix  c. Telephone Number (give area code) 626/564-1988 e. Date Signed May 22, 2006  Standard Form 424 (Rev.9-2003)		First Name		Mi	idle Name	
Lacayo b. Title		Carmela		G		
President/CEO  d. Signature of Authorized Representative  e. Date Signed May 22, 2006  Previous Edition Usable  Standard Form 424 (Rev.9-2003)		_		Su	ΠIX	
d. Signature of Authorized Representative e. Date Signed May 22, 2006  Previous Edition Usable Standard Form 424 (Rev.9-2003)	b. Title					(give area code)
,	d. Signature of Authorized Repre	esentative	$\triangle$	e.	Date Signed	
, , , , , , , , , , , , , , , , , , , ,		on /	/ \	<b>A</b>		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

War. A

* Email:

ddownum@co.calaveras.ca.us

OMB Number: 4040-0004

Expiration Date: 07/31/2006 **Application for Federal Assistance SF-424** Version 02 * 1. Type of Submission: * 2. Type of Application: * If Revision, select appropriate letter(s): Preapplication ✓ New ✓ Application Continuation * Other (Specify) Changed/Corrected Application Revision *.3. Date Received: 4. Applicant Identifier: Completed by Grants.gov upon submission. 5a. Federal Entity Identifier: * 5b. Federal Award Identifier: State Use Only: 6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: * a. Legal Name: Calaveras County Sheriff * b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS: 946000507 783687577 d. Address: * Street1: 891 Mountain Ranch Road Street2: * City: San Andreas County: * State: CA: California Province: * Country: **USA: UNITED STATES** * Zip / Postal Code: 95249 e. Organizational Unit: Department Name: Division Name: f. Name and contact information of person to be contacted on matters involving this application: Prefix: Dennis * First Name: Middle Name: * Last Name: Downum Suffix: Title: Organizational Affiliation: * Telephone Number: 209-754-6500 Fax Number:

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
	7
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
* Title:	
COPS Law Enforcement Technology	
	*.
13. Competition Identification Number:	1
Title:	
	]
14. Areas Affected by Project (Cities, Counties, States, etc.):	1
* 15. Descriptive Title of Applicant's Project:	
See Attached	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application for Federal Assistance SF-424 Version 02									
16. Congressi	onal Districts Of:								
* a. Applicant	3	* b. Program/Project 3							
Attach an additional list of Program/Project Congressional Districts if needed.									
	Add Attachme	nt Delete Attachment // Delete Attachment							
17. Proposed	Project:								
* a. Start Date:	* a. Start Date: 01/01/2007								
18. Estimated	Funding (\$):								
* a. Federal	148,08	4.00							
* b. Applicant		0.00							
* c. State		0.00							
* d. Local		0.00							
* e. Other		0.00							
* f. Program In	come	0.00							
* g. TOTAL	148,08	4.00							
b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes  No									
Authorized Rep									
Prefix:	* Fi	st Name: Dennis							
Middle Name:  * Last Name:	Downum								
Suffix:	Downum								
* Title: Sheriff									
* Telephone Nun		Fax Number:							
* Email: ddov	/num@co.calaveras.ca.us								
		gov upon submission. * Date Signed: Completed by Grants.gov upon submission.							

APPLICATION FOR		O DATE CHOMITTED		A - di di de -	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 10, 2006		Applicant iden	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational (	Jnit:		
County of Modoc			Department:	olic Works		
Organizational DUNS: 07-611-8678			Division:	JIC VVOIKS		
Address:			Name and telep	hone number of per	rson to be contacted on matters	
Street: 202 W. 4th Street				oplication (give area	a code)	
202 11. 401 00000			Prefix: Mr.	First Name: Richard		
City: Alturas			Middle Name R.			
County: Modoc			Last Name Hironymous			
State: California	Zip Code 96101		Suffix:		·	
Country: USA			Email: rickhi@hdo.net			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g	give area code)	Fax Number (give area code)	
9 4 -6 0 0 0 5 2 2			530-233-6403		530-233-3132	
8. TYPE OF APPLICATION:			7. TYPE OF APP	PLICANT: (See back	of form for Application Types)	
New If Revision, enter appropriate lette		n Revision	B. County			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	. لــا		9. NAME OF FEI	DERAL AGENCY: Administration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		E TITLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program): Airport Improvement Program		20-106	Tulelake Municipal Airport, Modoc County, California Engineering Design: Reconstruction of Tie Down Apron (136,000 sq. ft.)			
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):	Reconstructi	on of Service Road (	(30' x 950')	
Town of Tulelake, Modoc County	y, California					
13. PROPOSED PROJECT				IONAL DISTRICTS		
Start Date: 2006	Ending Date: 2006		a. Applicant 02		b. Project 02	
15. ESTIMATED FUNDING:			16. IS APPLICATORDER 12372 P		REVIEW BY STATE EXECUTIVE	
a. Federal \$	THE RESERVE THE PARTY OF THE PA	104,500 ·	THIS	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	TIVED	275 .		CESS FOR REVIEW		
c. State		5,225	DAT	E: May 19, 2006		
d. Local \$	3 0 5000	0 .	b. No. 🗂 PRO	GRAM IS NOT COV	'ERED BY E. O. 12372	
		0 .	l FOR	REVIEW	T BEEN SELECTED BY STATE	
f. Program Income STATE SL	EARING HOUSE	0 .	17. IS THE APPI	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL		110,000	i	attach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREAI THE APPLICANT	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	First Name		IN A	iddle Name		
Prefix Mr.	First Name Dan			uffix		
Last Name Macsay						
b. Title Chairman, Board of Supervisors			c.	Telephone Number (530) 279-1010	(give area code)	
d. Signature of Authorized Repre	sentative		e.	Date Signed 5/	23/06	

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APPLICATION FOR		O DATE CUDANTED		[]	Version 7/03	
FEDERAL ASSISTANCE	2. DATE SUBMITTED May 10, 2006		Applicant Iden	uner		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizationa	l linit		
County of Modoc			Department:			
Organizational DUNS:	-		Division:	ublic Works		
07-611-8678					-	
Address: Street:			Name and tele	phone number of per application (give area	rson to be contacted on matters	
202 W. 4th Street			Prefix:	First Name:	a code)	
Cih u			Mr. Middle Name	Richard		
City; Alturas		WAS 4000000000000000000000000000000000000	R.			
County: Modoc		Last Name Hironymous				
State: Califomia	Zip Code 96101		Suffix:			
Country: USA			Email: rickhi@hdo.net			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number		Fax Number (give area code)	
94-6000522			530-233-6403		530-233-3132	
8. TYPE OF APPLICATION:	/		7. TYPE OF AF	PLICANT: (See back	of form for Application Types)	
New  If Revision, enter appropriate lette		n 🔲 Revision	B. County			
(See back of form for description	of letters.)	П	Other (specify)			
Other (specify)				EDERAL AGENCY: n Administration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		IVE TITLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program): Airport Improvement Program  12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	2 0 – 1 0 6 , States, etc.):	Alturas Municipal Airport, Alturas, Modoc County, California Reconstruct Service Road (30' x 300') Reconstruct Automobile Parking Lot - 15 spaces (25' x 150') Medium Intensity Taxiway Edge Lights - Taxiway B Complex			
City of Alturas, Modoc County, C	California	, ,				
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
2006	2006		02		02 REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:	A CONTRACTOR OF THE PARTY OF TH	1	ORDER 12372	PROCESS?		
a. Federal b. Applicant	CEIVED	347,700 · · · · · · · · · · · · · · · · · ·	AV		VAPPLICATION WAS MADE THE EXECUTIVE ORDER 12372 VION	
c. State \$	AY 3 0 2006	17,385	DA	TE: May 19, 2006		
d. Local \$	AL		b. No. 🔟 PR	OGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other	E CLEARING HOUS	0.		. PROGRAM HAS NO R REVIEW	T BEEN SELECTED BY STATE	
f. Program Income		0 ,			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		366,000 ·	Yes If "Yes"	attach an explanation	. 🗷 No	
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE I	GOVERNING BODY OF T WARDED.	HE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative	Circt Name		Т,	Middle Name		
Prefix Mr.	First Name Dan			Middle Name		
Last Name Macsay				Suffix		
o. Title Chairman, Board of Supervisors				c. Telephone Number (530) 279-1010	(give area code)	
d. Signature of Authorized Repres	sentative			e. Date Signed 5/	23/06	

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APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 10, 2006			Applicant le	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECE	IVED BY STAT	E	State Appli	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY FEDERAL A			ICY Federal Ide	entifier		
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION Legal Name:	The state of the s	a marea flour	Ora	anizational	Unit			
County of Modoc	RECEI	/EU		artment:	blic Works			
Organizational DUNS:		1	Divis	sion:	Dilo TTOTALO			
07-611-8678 Address:	MAY 3 0	7000	Nam	ne and teler	nhone number of	person to be cor	ntacted on matters	
Street:		- HOUSE		involving this application (give area code)				
202 W. 4th Street	STATE CLEARIN	AG HOUSE	Pref Mr.	ix:	First Name Richard	:		
City: Alturas	The second secon		Midd R.	dle Name				
County: Modoc	•			Name nymous				
State: California	Zip Code 96101		Suff	ix:				
Country: USA			Ema	ail: hi@hdo.net				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):				(give area code)	Fax Number	(give area code)	
94-6000522	]		530-	233-6403		530-233-313	2	
8. TYPE OF APPLICATION:			7. T	YPE OF AP	PLICANT: (See I	pack of form for Ap	oplication Types)	
Nev	w 🔲 Continuation	n 🔲 Revisi	ion B. C	County				
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es) of letters.)			Other (specify)				
Other (specify)					EDERAL AGENCY	<b>/</b> :		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:			VE TITLE OF AP	PLICANT'S PROJ	JECT:	
		2 0-1			nicipal Airport, Ced ort Layout Plan an		unty, California	
TITLE (Name of Program): Airport Improvement Program	ı			Space 7 mp	ort Layout i lair an	a Exhibit		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):						
Town of Cedarville, Modoc Cou	nty, California							
13. PROPOSED PROJECT					SIONAL DISTRIC			
Start Date: 2006	Ending Date: 2006		a. A	pplicant 02		b. Project 02		
15. ESTIMATED FUNDING:				IS APPLICA		TO REVIEW BY S	STATE EXECUTIVE	
a. Federal \$			· · · · · · · · · · · · · · · · · · ·	ma THI	S PREAPPLICAT	ION/APPLICATIO	N WAS MADE	
b. Applicant \$		95,000		a. Yes. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON				
c. State \$		250	0	DA ⁻	TE: May 19, 2006	<b>;</b>		
d. Local \$		4,750	0		OGRAM IS NOT (		D. 12372	
e. Other \$		0 .		0. 11.1	PROGRAM HAS			
f. Program Income \$		0 ,	0 17.	FO	R REVIEW			
a. TOTAL \$		0.	<del></del>			oper oper	·	
18. TO THE BEST OF MY KNO	MAN EDGE AND DELLE	100,000	1		attach an explana		No NRECT THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING B</b>	SODY OF THE	APPLICANT	AND THE APPL	ICANT WILL COM	MPLY WITH THE	
a. Authorized Representative	First Name			li N	Middle Name			
Prefix Mr.	Dan				Suffix			
Last Name Macsay						har (alice and a late		
b. Title Chairman <del>,</del> Board of Supervison					c. Telephone Num (530) 279-1010		]	
d. Signature of Authorized Repre	esentative	^			e. Date Signed	123/06		
Previous Edition Usable		0			·		orm 424 (Rev.9-2003)	

Previous Edition Usable Authorized for Local Reproduction

APPLICATION FOR	_	O DATE OUDMITTED			Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 10, 2006		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applicat	ion Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGEN	CY Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:		-	Organizational t	Init:		
County of Modoc	· ·		Department:			
Organizational DUNS:	TAPOPI	VED 1	Division:	lic Works		
07-611-8678 Address:	1 KEVL		Name and telepi	none number of ne	rean to be contacted on matters	
Street:	2006	involving this a	Name and telephone number of person to be contacted on matters involving this application (give area code)			
202 W. 4th Street	The same in the sa					
City: Alturas	STATE CLEAR	RING HOUSE	Middle Name R.			
County: Modoc			Last Name Hironymous			
State: California	Zip Code 96101		Suffix:			
Country:	1 00.101		Email:	**************************************		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		rickhi@hdo.net Phone Number (c	ive area code)	Fax Number (give area code)	
94-6000522			530-233-6403	,	530-233-3132	
8. TYPE OF APPLICATION:	J		7. TYPE OF APP	LICANT: (See back	l k of form for Application Types)	
☑ New	Continuation	n 🔲 Revision	B. County			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEI	DERAL AGENCY: Administration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program): Airport Improvement Program  12. AREAS AFFECTED BY PRO		2 0 - 1 0 6 , States, etc.):	Cedarville Municipal Airport, Cedarville, Modoc County, California Erosion and Weed Control Planting. Engineering Design: Reconstruct Service Road; Construct 8-foot Security Fence; Construct Grated Drain at Taxiway/Runway Intersection; Construct Tee Hangar Taxiways			
Town of Cedarville, Modoc Cour	nty, California			<b>.</b>	· · · · · · · · · · · · · · · · · · ·	
13. PROPOSED PROJECT Start Date:	Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
2006	2006		02		02	
15. ESTIMATED FUNDING:			16. IS APPLICAT		REVIEW BY STATE EXECUTIVE	
a. Federal \$		53,200 ·	THIS	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		140	PRO	CESS FOR REVIEV	V ON	
c. State \$		2,660	DATE	E: May 19, 2006		
d. Local \$		0 .	b. No. 🗊 PRO	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$		0 .		ROGRAM HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$		0 .			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		56,000	' ' ' ' ' '	ttach an explanatior		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Authorized Representative	First Name		MAI	ddle Name		
Prefix Mr.						
Last Name Macsay b. Title				Iffix Telephone Number	(nive area code)	
Chairman, Board of Supervisors			c. Telephone Number (give area code) (530) 279-1010			
d. Signatule of Authorized Repres	sentative		e.	Date Signed	7/23/06 Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	$_{n}$				Prescribed by OMB Circular A-102	

SBSD EXEC STAFF

909 387 3402 P.02

Application for Federal Assistance SF-424 Version 02							
* 1. Type of Submission	on:	* 2. Type of Application:	* If Revision, select appropriate I	etter(s):			
Preapplication		<b>✓</b> New			RECEIVED		
Application		Continuation	* Other (Specify)				
Changed/Corrected	d Application	Revision			MAY 3 1 2006		
* 3. Date Received:		4. Applicant Identifier:			STATE CLEARING HOUSE		
Completed by Grants.gov u	pon submission.		A part, or common management		The state of the s		
5a. Federal Entity Iden	ntifier:	, the part of the same of the	- 5b. Federal Award Identifie	er:			
State Use Only:			- Veneral services				
6. Date Received by S	State:	7. State Applicatio	n Identifier:				
8. APPLICANT INFO	RMATION:				· · · · · · · · · · · · · · · · · · ·		
a. Legal Name: Sar	n Benrardino Cou	unty Sheriff's Department					
* b. Employer/Taxpaye	er Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:				
956002748			150955516				
d. Address:							
* Street1:	655 East Third S	treet					
Street2:							
* Çity:	San Bernardino	p. 1 manual d. 2/2					
County:	and the same of th						
State:		- Administration of the second	CA: California				
Province:	was a second of						
" Country:		H.4.19***	USA: UNITED STATES		9 BAS 111 1		
* Zip / Postal Code:	92401-0061			MA + -			
e. Organizational U	nit:						
Department Name:			Division Name:				
		ale Million					
f. Name and contact	t information of	person to be contacted on	matters involving this applic	cation:			
Prefix:		* First Na	ma: Sue				
Middle Name:		dela'/					
* Last Name: Morales							
Suffix:							
Title:							
Organizational Affiliat	lion:				and the second second		
, 14 T							
* Telephone Number:	(909) 387-0630	)	Fax Number:	(909) 387-3402			
Email: smorales	@spcsd.org						

τ

SBSD EXEC STAFF

909 387 3402 P.03

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B; County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
	_}
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
▼ Title:	
COPS Law Enforcement Technology	
13. Competition Identification Number:	
,	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	ı
* 15. Descriptive Title of Applicant's Project:	
Electronic Crime Reporting System	
Attach supporting documents as specified in agency instructions.	
Wacayatacamenias Delete aracamenia Mew/Anachmenics	
Particular Control of	

909 387 3402

P.04

Application for	or Federal Ass	istance SF-424					Version 02
16. Congressions	al Districts Of:						
a. Applicant	CA25			* b. Program/f	Project CA25		
Attach an addition	al list of Program/F	Project Congressional Distri	cts if needed.	•			
Congressional Dis	stricts.doc	Age Attacament	Delete/Attachm	ant: View Attachme			
17. Proposed Pr	oject:				,		
* a. Start Date:	07/01/2006			* b. En	d Date: 06/30	/2007	
18. Estimated Fu	inding (\$):					And the second s	
* a. Federal	, , , , , , , , , , , , , , , , , , ,	493,614.0	00				
* b. Applicant		0.0	0				
* c. State	Land Volume	0.0	00				
* d. Local	, q, q, inches	0.0	00				
e. Other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.0	00	•			
* f. Program Inco	me	0.0	00				
* g. TOTAL	(1)	493,614.0	00				
* 20. Is the Appl Yes  21. *By signing therein are true, comply with any may subject me	No this application, I complete and ac y resulting terms to criminal, civil, ifications and assu	certify (1) to the statement or administrative penalt	nts contained in t knowledge. I also n aware that any ies. (U.S. Code, T	he list of certificat o provide the requ false, fictitious, or itle 218, Section 1	red assurance r fraudulent st 001)	atements or claims	
Authorized Rep	resentative:						
Prefix:		• Fira	t Name: Gary	, 44 mm			
Middle Name:	S.			····· ··· · · · · · · · · · · · · · ·		described / Marie	
* Last Name:	Penrod	4., (1)	and We				steeleg 14 m s man billion
Suffix:						•	
Title: Sheriff							
* Telephone Num	nber: (909) 367-34	00		Fax Number: (90	9) 387-3402		and a least the same of the sa
*Email:   Iguer	ra@sbcsd.org	- V				- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
* Signature of Av	thorized Represen	tative: Completed by Grants	gov upon aubmission.	* Date Signed:	Completed by Gra	nta.gov upon submission.	

MB Approval No. 0348-0043

PPLICATION FOR FEDE	RAL ASSISTANCE	2. Date Submitted	Applicant Identifier R9 Tracking #06-244
A			State Application Identifier
Type of Submission:		3. Date Rec'd by State	State Application identities
onlication Preap	plication	1 Day 10 111	Federal Identifier
Construction	Construction	4. Date Rec'd by Federal	1 445141 15411111
X Nonconstruction	Nonconstruction		
Applicant Information:		Organizational Unit:	
gal Name and Address:		Los Angeles Regional Water (	Quality Control Board
ive city, county, state, and zip c	ode)	Name and telephone of person	to be contacted on matters
State Water Resour	ces Control Board	involving this application (giv	e area code):
1001 J Street, Sacra		Dixon Oriola	
Sacramento, Califo		213-576-6803	
. Employer Identification Number	per (EIN); 680281986	7. Type of Applicant: (enter 8	appropriate letter) A
, Employer identification runn	Con (Emilia).	A. State II	. Independent School District
DILNIC Musham Cherry	313	B. County I.	State Institute of Higher Learning
DUNS Number: 8083219	/10	C. Municipal J.	Private University
Type of Application:	Continuation	D. Township K	. Indian Tribe
X_New Revision  f Revision, enter appropriate len	Canadamista	E. Interstate 1.	. Individual
	3. Decrease Award	F. Intermunicipal N	1. Profit Organization
A. Increase Award  2. Increase Duration			. Other (specify)
			·
Other (specify)		9. Name of Federal Agency:	
0. Catalog of Federal Domestic	Accistance Number		ental Protection Agency
0. Catalog of Federal Domestic	. Capinanee 14(iiii)et		
	uticisal Embeliations and	11. Descriptive Title of Appl	licant's Project:
itle: Superfund State, P	olitical Subdivision, and		ation, assessment, and propose the
Indian Tribe Site	-Specific Cooperative Agreemen	milipation of sources of grow	nd water contamination in the San Gabric
		Valley To coordinate offering	s to identify, assess, and mitigate sources
12. Area Affected by Project:		of ground water contamination	on. To assist USEPA in keeping the
(cities, counties, states, etc.)		San Gabriel Valley groundwa	
Southern Californi	id	Trail Guorie, Valley ground	
13. Proposed Project:	Find Date	14. Congressional District of	f:
.5(411115416	End Date		roject:
7/1/06	6/30/07	3	California - All
15. ESTIMATED FUNDING:		16. Is the application subject	t to review by the State
		Executive Order (EO) 12372	process?
a. Federal	\$350,000		plication/preapplication was made
b. Applicant	\$0		State EO 12372 process for
c. State	\$0	review on:	
d. Local	\$0		Date: May 31, 2006
e. Other	\$0		m is not covered by EO # 12372
f. Program Income	\$0		m has not been selected by the
-			r review.
g. TOTAL	\$350,000	17. Is the applicant delinque	
_		YES, attach explanat	ionXNO
IS TO THE BEST OF MY KN	IOWLEDGE AND BELTEF AT	LL DATA IN THIS APPLICATION	N/PREAPPLICATION ARE
TRUE AND CORRECT THE I	DOCUMENT HAS BEEN DUI	Y AUTHORIZED BY THE GOVE	ERNING BOARD OF THE
ADDITIONANT AND THE ADDI	ICANT WILL COMPLY WIT	H THE ATTACHED ASSURANC	ES IF THE ASSISTANCE
APPLICANT, AND THE ATT. IS AWARDED.			
a. Typed Name of Authorized I	Representative	b. Title:	c. Telephone Number
Coleste Cantú	· · · · · · · · · · · · · · · · · · ·	Executive Dire	ector (916) 341-5615
Corosie Cantu			
d. Signature of Authorized Rep	resentative RECEI	VED	c. Dute Signed:
o. organiste or reducized ref	ILVLI	<b>V</b>	6/5/06
	MAY 3 1	2006	
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r reations (Martinia 1401 Cigation			Prescribed by OMB Circular A-102
•	STATE CLEARIN	IG HOUSE	

APPLICATION FOR FEDERAL ASSISTANCE	 <b>E</b>	2. DATE SUBMITTED		Applicant Ide	Version 7/03 entifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	Y STATE	State Applica	State Application Identifier	
Application	Pre-application	4. DATE RECEIVED E	Y FEDERAL AGE	NCY Federal Iden	tifier	
Construction Non-Construction	☐ Construction ☐ Non-Construction			, , , , , , , , , , , , , , , , , , , ,		
5. APPLICANT INFORMATION						
Legal Name:			Organizational Department:	1 Unit:		
Elderly Housing Development & Organizational DUNS:	A Operations Corporation	1 .				
13-308-5381		_	Division;			
Address: Street:		•		phone number of p application (give ar	erson to be contacted on matters	
1580 Sawgrass Corporate Park	way		Prefix:	First Name:	50 5020/	
City: Fon Lauderdale			Middle Name	JoEllen		
County: Broward			Last Name Smith			
State: Florida	Zip Code 33323-2869		Suffix:	,		
Country;	33323-2869	<u></u>	Email:			
USA 7 6. EMPLOYER IDENTIFICATION	NA ATHARDED JEWA		joellens@mciv		Em Number ( )	
	_ ` `	•	Phone Number 512.328.3232	(give area code)	Fax Number (give area code)	
6 5 -0 6 6 5 0 0 8 8. TYPE OF APPLICATION:				DI ICANT: (See ha	512.328.4584 ck of form for Application Types)	
Ø Ne	w 🖺 Continuatio	on 🔲 Revision		•		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	IL PROVISION		pportive Housing for	the Elderly	
(299 pack or forth tol description	Torieuers.)		Other (specify)			
Other (specify)			9. NAME OF FI U.S. Departmen	EDERAL AGENCY: nt of Housing and Ur	ban Development	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:			ICANT'S PROJECT:	
•		14-157			r the elderly project. 60 units funded project based rental assistance.	
TITLE (Name of Program): Supportive Housing for the Elde	erly		with a 40 year	capital advance and	project based remai assistance.	
12. AREAS AFFECTED BY PR	ROJECT (Cities, Counties	s, States, etc.):				
Fontana, San Bernadino Count	y, California					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRES	SIONAL DISTRICTS	S OF:	
10/01/06	4/01/08		FL 20		CA 43	
15. ESTIMATED FUNDING:			16. IS APPLICA ORDER 12372 I		D REVIEW BY STATE EXECUTIVE	
a. Federal \$	***************************************	7,493,200	A Vac ID: TH	IS PREAPPLICATIO	N/APPLICATION WAS MADE	
b. Applicant \$		00		AILABLE TO THE S OCESS FOR REVIE	TATÉ EXECUTIVE ORDER 12372 EW ON	
c. State \$		O	⊢. _{DA} -	TE:		
d. Local \$		O			VERED BY E. O. 12372	
		0 ,	D. NO. 11.11			
e. Other \$		٥ '"		( PROGRAM HAS N R REVIEW	OT BEEN SELECTED BY STATE	
f. Program Income \$		0	17. IS THE APP	PLICANT DELINQUI	ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		7,493,200		attach an explenatio		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	GOVERNING BODY OF	PPLICATION/PREA F THE APPLICANT	APPLICATION ARE FAND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Authorized Representative Prefix	First Name			Vilddle Name		
Prefix Mr. Last Name	First Name Steve					
Protulis b. Title	$\overline{}$			Suffix		
Executive Director				c. Telephone Numbe 854-835-9200	(give area code)	
d. Signature of Adhorized Repr	sentative /	tulis		Date Signed		
Previous Edition Usable				TVEU	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	חב		MAY 3	1 2006	Prescribed by QMB Circular A-102	
			STATE CLEAR	DIMO HOUSE		

APPLICATION FOR	_	2. DATE SUBMITTED		TA 15 (14)	Version 7/03			
FEDERAL ASSISTANCE	FEDERAL ASSISTANCE			Applicant Ide	Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	Y STATE	State Applica	State Application Identifier			
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Ident	ifier			
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION			1000					
Legal Name:			Organizational Unit: Department:					
City Of California City		· · · · · · · · · · · · · · · · · · ·	Public Works					
Organizational DUNS: 13-9434984			Division: Sewer					
Address:			Name and telephone number of person to be contacted on matters					
Street: 21000 Hacienda Blvd			involving this application (give area code)  Prefix: First Name: Mr. Daniel					
City: California City			Middle Name James	Daniel				
County: Kern			Last Name Allen					
State: California	Zip Code 93505		Suffix:					
Country: United States	1 33333		Email:					
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		pwdir@ccis.com Phone Number (give a	rea code)	Fax Number (give area code)			
95-2408763	. ,		760-373-7297	, 54 5545)	760-373-7857			
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See bac	ck of form for Application Types)			
V Nev	v 🗓 Continuatio	n 🔲 Revision		(000 540	on or reminer in particular in Types,			
If Revision, enter appropriate lett (See back of form for description		Placed	C. Municipal Other (specify)					
Other (specify)			9. NAME OF FEDERA	AL AGENCY:				
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	USDA  11. DESCRIPTIVE TI	TLE OF APPL	ICANT'S PROJECT:			
	Water & Wastewater disposal loan & grant program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				Construction of new sewer mains on Redwood between Neuralia and Hacienda Blvd. on Hacienda from Redwood to Southloop Blvd. on Great Circle from Neuralia to South Loop Blvd. and on South Loop from California City Blvd. to Conklin.These new collection lines are vital to relieving areas within the city that have a 86% saturation density.			
13. PROPOSED PROJECT	<del></del>		14. CONGRESSIONA	LDISTRICTS	OF:			
Start Date:	Ending Date:		a. Applicant	L DISTRICTS	b. Project			
1 February 2007  15. ESTIMATED FUNDING:	30 November 2007	Miles and the second se	20 21	SUBJECT TO	REVIEW BY STATE EXECUTIVE			
		7n	ORDER 12372 PROC	ESS?				
a. Federal \$ b. Applicant \$		5,000,000	a. Yes. W. AVAILABI		N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 N/ ON			
	The state of the s	1 00		3 May 2006				
d. Local	CEIVED	00	- DDOODA	•	VERED BY E. O. 12372			
e. Other \$	MAY 3 1 2006	00	D. NO. ILI		OT BEEN SELECTED BY STATE			
		.00	FOR REV		NT ON ANY FEDERAL DEBT?			
g. TOTAL STAT	E CLEARING HOUS	5 000 000	Yes If "Yes" attach	an explanation	n. 🛂 No			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	WLEDGE AND BELIEF, AUTHORIZED BY THE	ALL DATA IN THIS API	L PLICATION/PREAPPLIC	CATION ARE	TRUE AND CORRECT. THE			
a. Authorized Representative Prefix Mr.	First Name William		Middle					
Last Name Way	**illaili	·	Watso Suffix					
b. Title					(give area code)			
City Manager, d. Signature/of Authorized Repre	sentative >		760-373-7170 e. Date_Signed					
- (AMA /// /////			e. Date	31g11eu (-23-0(				
Previous Edition Usable Authorized for Local Reproductio	n				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102			